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THE Public Health Nurse

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Published monthly by the NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

Editorial Staff

MISS ANNIE M. BRAINARD, *Editor*
MISS M. JOSEPHINE SMITH, *Managing Editor*
MRS. JOHN H. LOWMAN, *Associate Editor*
MRS. R. L. IRELAND, *Associate Editor*

612 St. Clair Avenue, N. E.
Cleveland, O.

Contributing Editors

MISS M. ADELAIDE NUTTING, R.N., *Director, Department of Nursing and Health, Teachers College, Columbia University, New York City*
MISS ELLA PHILLIPS CRANDALL, R.N., *Executive Secretary of the National Organization for Public Health Nursing, 156 Fifth Ave., New York City*
MISS EDNA L. FOLEY, R.N., *Superintendent of the Visiting Nurse Association, Chicago, Ill.*
MISS ELLEN N. LAMOTTE, R.N., *Wilmington, Del.*
MISS MARY BEARD, *Director, Instructive District Nursing Association, Boston, Mass.*
MISS MARY L. GARDNER, R.N., *Superintendent, District Nursing Association, Providence, R. I.*
MISS MARY E. LENT, R.N., *Associate Secretary, National Organization for Public Health Nursing*

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THIS STATUE WAS ERECTED FOUR DAYS AFTER THE EXODUS OF THE GERMANS FROM BRUSSELS. IT IS BUT TEMPORARY AND LATER WILL BE OF BRONZE.
(See page 240)

The Public Health Nurse

VOL. XI APRIL 1919 No. 4

EDITORIALS

THE PRINTED WORD

Was it not Stevenson who said, somewhat in the following terms, that if you would depict a town pump faithfully you must go and sit before it, study it, set down exactly what you see, then look again and correct your work and so continue until you give as nearly as possible an accurate picture of that pump? Sometimes I ask myself whether we follow closely enough this sound advice when we put forth our circulars, bulletins, reports, etc., by we, meaning of course, all of us who are trying to help our fellow men through organized service. Occasionally, as I read the smooth account of the printed page, I wonder if a visit to the field would not suggest, nay compel, an alteration here and there. At such times there comes very vividly to my mind an answer which I received some years ago from a woman who stood behind a vegetable stall in a market of a large town in the middle west. At that period the town was in the throes of setting its clocks to a new time which was at variance with the sun of that par-

ticular locality. I had not my watch with me and, becoming suddenly anxious about the hour, asked her to tell me the time. She answered with perfect simplicity and good faith:

"What time do you wish, lady? The time it is or the time that they say it is?"

Her answer and its sincerity made a deservedly great impression upon me.

We ought all to visit the field often and learn humbly and at first hand exactly what we are doing there and constantly correct our impression by the facts as they there exist. Conditions will vary with the human beings who surmount or endure them and the environment in which these beings are placed, and if we would give the fullest measure of help and service to those whom we have undertaken to aid we must take into account every little chance for new and favorable adjustment, and above all we must seek in every way to call out and encourage the immense fund of self-helpfulness which, if sometimes dormant, yet lies somewhere, in some measure, within every human being, ready to be called into action if the key to his particular nature is found.

Above all, we must learn to speak the truth more plainly, knowing that the truth and it alone shall set us free.

THE WORD AND THE SPIRIT

In a certain sense the word *coöperation* as between social agencies seems to carry with it less of a message of good will than when first we began to use it as a slogan. Perhaps the reason for this, if indeed the impression is just, will become plain to us if we ask ourselves what the word has represented to us as we have used it—whether it has meant merely organized team work, or a sincere and loving desire to work together, in honor preferring one another. In a certain sense the general meaning of a word reflects those who use it, and it can become a mere sign and symbol of something from which the spirit has fled, or it can be maintained at its original standard of value by the goodness and sincerity of those who use it.

The field for social work of every kind in this country has never been in greater need of qualified and conscientious workers than now, and if this is true of our own prosperous continent, scarcely touched by the heavy hand of war, how much greater is this need in countries which have lain nearer the scene of the great conflict.

Any factor whatsoever which has a tendency to lessen the volume or quality of work to be done to meet this need should be searched out and corrected. It has sometimes seemed to me that such a factor of loss does exist in the self-advertisement and desire for public recognition which enters more and more into the policies and programs of successful organizations of workers everywhere. To a certain extent, perhaps, this cannot well be otherwise, since the same energy and concentration of effort which causes an organization to out-distance its contemporaries causes it also to obtain a stronger hold over smaller groups of workers. This tendency, however, makes it all the more necessary for us to remember that the elimination of competition between organized groups of welfare workers must be regarded as a moral problem of great importance, and one to be earnestly considered and understood in all its bearings. The only way in which this question can be satisfactorily solved is to take it into the domain of spiritual values.

As long as we deal in material terms we will find alone a material and, therefore, an imperfect solution. When we deal with material values the thing we take from another can be added to what we already have; but if we change our order of values the answer becomes essentially different. For instance, the more one gives of love and good will the more one has to give, and it is exactly this spirit of loving one another which should make us all, in spirit at least, a single coöperating force with which to meet the anguish and need in the world today.

AT OUR VERY DOOR

What better plan could be found to interest large numbers of people in the obligations that lie at their very door than the intensive activity of Community Councils?

In an era when space offers so little resistence to communication as now we are tempted to neglect the obligation at our very door which the simplest good neighbor felt called upon to perform in earlier days. Indeed the sudden enlargement of man's physical radius through the development of communication and transport facilities has come upon him so suddenly that he has been confused as well as benefited by the extension of his opportunities.

In what way can we do better work than by tilling our neighborhoods inch by inch until little by little all responsible citizens become aware that an intimate concern in the lives of others is the only possi-

ble way to meet the opportunities and implications of a more Christian life?

Too long have we been ignorant and indifferent to the need of our fellow man for the personal service without which the greatest gift is bare.

A Greek philosopher once said, "They that know, do." Can we not send back the finer challenge, "They that do, know?"

EDITH CAVELL

BY ALICE PUDDEFOOT.

1.

Alone, untended by a human friend,
At early dawn that loneliest of hours,
She faced the heartless line which spelled her death,
For so decree was passed by wanton powers.

2.

Not cheered by comrades in the fight,
Not by a bedside ministering to need,
But in a courtyard cold and grey, apart
She stood, the victim of that ignorant deed.

3.

An ignorance unequalled in degree
Save when injustice sought the Life Divine,
Acceptance of the cup was His reply,
And hers, "O Lord, not my own will, but Thine."

4.

His thoughts were free from hatred or revenge,
Forgiveness was His one impassioned plea,
So did she die, and, dying, made
A name which echoes through Eternity.

A DISCUSSION ON THE TRAINING AND USE OF ATTENDANTS

A DEFINITION OF TERMS

BY ANNIE M. BRAINARD.

There is probably no word in the English language that has a wider range of interpretation than the word "nurse." A nurse may mean anything, from the young, ignorant girl who helps tend the baby, to the intelligent college graduate who has had three years' training in one of the best hospitals in the country and perhaps a year or two of special post-graduate study besides. It seems an unfortunate circumstance that the name *nurse* was ever attached to the graduate of a hospital training school; she might better have been called by some entirely original title.

On the other hand, the art of nursing the sick has had such a long and honorable past that I believe even those who have suffered most from the mis-interpretation or lack of appreciation of what it really stands for would be the last to wish the honored appellation changed. In any case, the name has now become so well established that to change it would be next to impossible and it therefore becomes imperative to have a clear and precise understanding of what we mean when we use the term "nurse."

We can dispose at once of the name as applied to the nursery-maid—the very difference in the type of service rendered makes the distinction apparent and easily understood even by the most ignorant public. But when we come to the name as applied to "one who nurses or cares for the sick" it is a different matter. We have tried to differentiate by speaking of "graduate nurses" and "practical nurses." That seems, however, to mean to many merely that the one has had three years experience in taking care of sick people in hospital; and that the other has had perhaps a still longer period of practical experience in taking care of sick people in their homes. To the careless thinker, one experience would be as valuable as the other.

Again, the average person judges a nurse by the kind of bedside care she gives. If she can make a bed well, give a good bath, make the patient comfortable, follow directions as to giving medicine, and is pleasant and thoughtful and quiet about the sick room she is "a good nurse" in their estimation. If the health commissioner of one of our big cities can assert—as he has—that "in its final analysis nursing is nothing more nor less than housekeeping for the sick," then it is small wonder that the average person misunderstands the functions and ability of the graduate nurse. If a *nurse* is looked upon as merely a person who makes beds, gives baths, tidies up the room and makes broths, then she is indeed only a "housekeeper for the sick"—an attendant, and, as the same erudite commissioner so glibly remarks, "her duties as nurse for sickness in the home can be readily learned by any intelligent woman in from three to six months of intensive training."

But the graduate nurse is very much more than the simple bedside attendant that this man and his ilk would have us believe. She does indeed know how to give these simple and tender ministrations, and looks upon them as an important part of her service; but she adds to the mere service of her hands a constant and acute service of her *mind*. She has been taught not only the bedside care of the sick, but also something of nursing technique, she has been initiated into some of the mysteries of bacteriology and biology; she has also been taught the necessity of asepsis in surgery, how to protect herself and others from contagion, etc. etc. She has learned to recognize and understand certain symptoms and changes in the patient's condition, unnoticed by the ordinary attendant; she watches the pulse and respiration, the color, the eyes, the skin, the temperature. When she arranges the pillow she knows not only that she must make her patient comfortable, but that she must be on the look-out for certain manifestations of the disease, and that while a high pillow for one patient might bring on a heart action that would spell danger, for another it might mean relief that would save life. From her study of chemistry and materia medica she knows in general the component parts of given medicines, what conditions they are expected to combat and their effect

upon a patient. She can watch intelligently for the effect of certain drugs and can report to the physician in charge. In an emergency she knows what to do, and can assume responsibility that would be dangerous in the hands of a mere bed-side attendant, or practical nurse untrained in the higher principles of nursing and lacking in the education that makes intelligent the hidden mysteries of disease.

Having, then, clearly in our minds the meaning of the word "nurse" as applied to the graduate nurse; and the real difference between her qualifications and those of the less highly trained practical nurse, or attendant who is able to give the bedside care, but unable, because of lack of training, to take the place of her professional sister, no matter how willing or anxious—we are in a better position to discuss the possibility of supplementing the nurse's work with that of the attendant, and to decide in what manner this assistance can best be given, and what training is necessary to make it valuable.

ON THE TRAINING OF ATTENDANTS

BY ANNE H. STRONG.

Director, Department of Nursing and Health, Simmons College, Boston

The best advice I can give to anyone who may read this title is to stop here. Opinions worth reading, coming from nurses experienced in this line of work, are to be presented, I understand, in later issues of THE PUBLIC HEALTH NURSE. I have myself never trained an attendant. My sole justification, therefore, in writing on the subject is the hope of assisting to promote a much-needed discussion, in the same way that a humble helper who places the pins in a bowling alley contributes to the game by setting up things for experts to knock over.

We all agree that this subject is important; we all agree that it presents unusual difficulties; we all agree that our ideas must be clarified. But when we progress beyond this point, we seem to

reach the place where no two think alike, and all that remains to be done is to maintain our own opinions firmly against all comers. This situation, however easily explained, does not make for progress.

In general, when a course of training is to be outlined, one should have at the outset detailed information in regard to two things: first, the age, experience, education, and other qualifications of the group to be taught; and second, the exact nature of the work for which the training is intended to prepare. In the case of attendants we have definite information on neither of these points. Hence, two causes immediately present themselves which explain at least in part our general lack of agreement on the essentials of a desirable training course for attendants.

In the first place the term *attendant* is commonly applied to women of widely differing qualifications. An attendant is an unstandardized person. Strictly speaking, there is no one type, and it should be remembered when others differ from us so inexplicably that we are not all necessarily talking about the same person. Thus, one may have in mind experienced and refined women now above the age limit or perhaps slightly below the minimum educational requirement for admission to a school of nursing; another is thinking of young women of the kind commonly found as ward-maids in public institutions; a third, of foreign born young women of the immigrant type; still another has in mind young women of good education and social standing who wish to prepare for greater usefulness in their own homes, or for public service during emergencies like the epidemic; and so on, through a wide range of differences. It is obvious that the problem of preparing a curriculum adapted to groups with such various abilities and needs must necessarily prove difficult, and naturally will call forth marked difference of opinion.

The second outstanding cause for difficulty in agreeing upon the nature of the training arises from the fact that requirements both as to skill and to personality differ in the different fields of work. Although the fundamental requirements are the same, yet institutional work, private duty, and public health work, all have

their special requirements for attendants as well as for nurses. It is clearly too early to arrange courses for special lines of work, since training for attendants is still in its infancy, and also because the attendants' legitimate field of work is still incompletely defined. At the present time, therefore, a short intensive course seems the wisest; this course should include the essentials common to all three types of work, and should leave special experience to be acquired under the supervision of the employing agency. Pedagogically speaking, then, we should concentrate our efforts upon teaching thoroughly those fundamentals about which there can be no question.

Justice to the student demands that this training should be given in the shortest time possible; but there are still other reasons for making the course the shortest compatible with thoroughness. In the first place, it is desirable to draw a sharp line between the training for a nurse and the training for an attendant. There is a well recognized tendency among many of the better schools of nursing to shorten and concentrate the nurse's training, in some cases even to two years. In view of this tendency, it seems to me especially unwise to plan a training course for attendants of a year in duration, or still worse, of eighteen months, as is now the case in at least one institution. After she has spent so prolonged a time in the hospital, it is highly improbable that the attendant herself, or the families who employ her for private duty, or in many instances the doctor, will see why she is not equipped to handle cases requiring the technical skill of a nurse.

In the second place, the more nearly the attendant's course approximates the nurse's training, the greater the danger that women with inadequate training will pretend to be graduate nurses, and obtain employment as such. This point seems quite to escape the attention of nurses who fear that attendants if trained may force nurses out of the field of the private duty. At the present time, when the demand for nurses in most places far exceeds the supply, it is hard to see that the private duty nurse needs protection. But the public, on the other hand, which for the most part is credulous and unintelligent in regard to medical and nursing service, does need protection now and always from the woman who pretends, innocently or otherwise, to have skill that she does not in reality possess. An attendant's course which is in effect a nurse's course of inferior quality, abridged by omitting the executive experience and some of the advanced technical procedures, seems to contain the elements of serious menace to the standards of service rendered

by professional nurses to a community. Let us then make the attendant's course frankly elementary, and see that the public knows it to be such. It should be thought of more as the course for Red Cross Aids sufficiently extended to insure more skill in the elementary nursing procedures and to include more training in household work, rather than a nurse's course somewhat abbreviated. Graduates of such a short course can more successfully be brought into right relations to graduate nurses, and will more readily accept supervision than those whose prolonged stay in a hospital leads them to believe, honestly no doubt, that they have received the practical equivalent of the nurse's training.

Still another point that cannot be too strongly emphasized in favor of a short intensive course, is the principle that the plan of training should not be determined wholly or in part by the labor needs of institutions. The problem of supplying an inexpensive nursing service to institutions should not be allowed to dominate the problem of training attendants. Institutions in need of cheap service should employ on salary attendants who have completed their training, and should not attempt to staff their wards by means of attendants in training. Other things being equal, the shorter the course, the sooner a supply of attendants will be available, and also the greater the number that will be available. We hear not infrequently that institutions are unwilling to offer a course of training for attendants of less than a year in duration, since it does not pay them to take pupils for a shorter time. It should be made absolutely clear that it is not the primary object of the course to pay them at all. If this point is not insisted upon, attendants in training in all probability will be exploited even more seriously than nurses have been, and we shall have a long struggle before us to rectify an injustice that foresight might have prevented.

Certain essentials of a satisfactory course for attendants are summarized below. These principles have been accepted by a number of public health nurses. They can, moreover, be carried out successfully in actual practice, a fact to which the course offered by the Boston Household Nursing Association bears witness.

Duration. Not over six months. At least one month should be spent in housekeeping under home conditions, and at least one month in carefully supervised nursing in homes, following a period of not more than four months in an institution. The fact should be noted, however, that a number of nurses disapprove of giving attendants any training in an institution unless they are preparing for institutional work exclusively.

Class Instruction should include the subject matter of the Red Cross Home Nursing Course with a few additions. The subjects, of course, should be treated much more thoroughly than is possible in the fifteen lessons of the Red Cross course. A certain amount of anatomy and physiology should be included, but only enough to make the nursing procedures intelligible. Special problems such as the care of children, aged, and chronics, belong in this course, and hygiene and ethics should be emphasized throughout. This course contains the basic instruction in the care of the sick, and while it should be kept elementary, it must be thorough.

The curriculum should also comprise cookery, housework, and the elements of household sanitation and personal and community hygiene.

Institutions in which Practical Training may suitably be given. The training of attendants should not be carried on in an institution maintaining a training school for nurses. Classes of institutions that might be utilized for training attendants include the following, but only in case a graduate, registered nurse is in charge.

1. Hospitals

   Hospitals for (a) Convalescents
   (b) Nervous and Insane
   (c) Chronics and Incurables
   (d) Tuberculosis

2. Poorhouse Infirmaries
   Children's Homes
   Homes for Crippled Children
   Institutions for the Feeble Minded and Epileptics

Management. The course should be directed by a supervising nurse who should admit students, give class instruction, make all arrangements with the hospital, direct the work at the housekeeping center, and see to it that each student actually gets all the practical training that the course is supposed to offer.

General responsibility for the course, especially the financial part, would rest with a special committee resembling in personnel the board of managers of a visiting nurse association. Many of the courses now in existence, however, are managed by institutions, and it is likely that the number so managed will increase rather than diminish. In such cases, unless satisfactory arrangements for supervision can be made with visiting nurse associations, attendants in training should most certainly not be sent out to care for the sick in their homes. The history of sending pupil nurses

out of the hospitals to do private nursing shows that supervision from the hospital has been inadequate at best, and at the worst, has amounted to nothing at all. It is idle to suppose that the attendant in training would fare better.

Expense. Students should pay tuition fees. They may receive maintenance, but should not receive compensation during the course. Tuition fees cannot be expected to cover the expense of training, and additional funds will have to be obtained from some other source. A course that proves financially profitable to an institution is open to suspicion, to say the least. Let us not be blind enough to extend still further the economic evil that has proved so serious in the training of nurses.

Properly trained attendants of a desirable type unquestionably could fill a great need in supplying continuous nursing service in the district homes of a visiting nurse association. If such attendants were employed and supervised by nurses of the association, the danger involved could be minimized, even though never completely eliminated. For this work attendants would need the fundamental training already outlined, and in addition, special instruction in work in district homes. This instruction it would be the obvious duty of the visiting nurse association to provide.

The value of attendants in the regular visiting service is open to more serious doubt. In industry, where workers operate machines or manage inanimate objects, it is sound practice to dilute skilled labor with unskilled. In work involving human lives and relationships the problem is not so simple. The epidemic clearly showed the value of women who had taken the Red Cross Course for Nurses' Aids, and their value was great if in addition they brought to the work, intelligence, social vision, desire to serve, and ability to meet and handle people successfully. Although such women can be expected to undertake attendants' work only in special circumstances or in time of emergency, it nevertheless seems probable that an increasing number of women and girls of this general class would take the attendants' training, if suitable courses were available. A genuine demand for training of this sort has been noticeable, but no one can say how long it will persist after time has further dimmed the memory of the epidemic and the war.

Many of us, I think, who advocate this training of attendants would hesitate more than we do, if by this training we were creating, as is sometimes erroneously stated, a new class of inferior nurses. Let us remember that the widely diverse kinds of women whom we class under the name of attendants, but who call them-

selves "practical" or "experienced" or "domestic" nurses, are here, and were here long before the trained nurse was in existence. The nursing survey of Massachusetts last year showed 3,997 registered nurses, 2,009 non-registered graduates, and 1,282 classed as "practical or domestic nurses." Here, at all events, we are by no means creating a new class of persons who care for the sick, since the number is almost a third as great as the number of registered nurses, and is greater than a fifth of the combined number of registered and unregistered graduates. What we are in fact doing, is attempting by a minimum of training to safeguard their unskilled work.

Even if training, licensing, and supervision could all be obtained, success both in rendering the attendant's work effective and in minimizing its dangers will depend to a large extent upon the attitude of the graduate nurse. Everyone of us knows how bitterly help is needed in families where there is sickness, and how useful even an unskilled pair of hands may be, if directed by good will and common sense. If that pair of hands can also safely perform certain simple services for the sick, services such as the mother of the family naturally renders in time of need, much discomfort may be prevented and a distressing family situation may be greatly relieved. Work of this kind is honorable, like any that contributes to human welfare. Yet unfortunately there are some who regard attendants and their work with a feeling not far removed from contempt. From the point of view of technical skill the attendant is inferior, a fact that should be even more generally recognized by the public than it is now, and she may be herself a socially inferior person, but she is not inferior on account of the work she performs, work that all graduates have done at some time, and in which most of us have found genuine satisfaction.

May I beg indulgence for a further word, not on training, but on the general subject of attendants in public health nursing?

It is no more possible for district families to pay $18 or $20 a week for an attendant than it is to pay $25 or $30 for a nurse. In my opinion, attendants trained or untrained, "practical," "experienced," or "domestic" nurses, or any other hierarchies of untrained or partly trained women, whose services can be obtained by district families only by paying $18 to $20 a week, have practically no significance in public health nursing.

But this situation is not the fault of the attendant. We have now gone far enough to recognize that sickness is a community problem. Neither the poor nor those with small or even moderate

means can pay the whole cost, if sickness is frequent or prolonged. While $20 a week may be impossible for a family to pay, it may be no more than a living wage for the attendant, who frequently must support others besides herself. If attendants, or nurses, or doctors, attempted to earn their living by working for nothing in district homes or for the small sums that the families could really afford to pay, they would soon add themselves and their own families to the very class they sought to serve. To blame attendants for unwillingness to work in families for pay ranging from nothing up to $8 or $10 a week is as silly and unjust as the reproach sometimes brought against the private duty nurse by persons ignorant of the economic factor, sometimes even by medical men, that the nurse, by charging $25 a week, is refusing to solve the problem of sickness in families of moderate means. The nurse, like everyone else, should have a living wage; the minimum wage principle is sound, in the professions as well as in industries.

The problem of adequate care of the sick among the poor and those of small means is largely an economic problem, which never has been and never can be solved by the private physician, the private nurse, the private attendant, or anyone else, however generous, who works as an individual. Nothing less than large-scale organization, with financial backing from the community, can touch it. If the community wants a complete program for the care of the sick, and if household helpers with a knowledge of the rudiments of nursing are an essential part of that program, then the community through private or public subsidies must make up the difference between the amount that families can pay for the care they require, and the amount that constitutes a living wage for the worker; in the same way that the community pays visiting nurses for their services to those unable to pay the whole or a part of the cost. In large-scale organization for health work, many feel that there may be a distinct place for attendants, if a public health nursing association employs them on a regular salary, assigns them for continuous service to families according to need and not according to ability to pay, supervises them, and not least important, imbues them with its own spirit of service.

THE SUPERVISED ATTENDANT SERVICE IN CLEVELAND

BY GRACE BENTLEY

Supervisor of Attendant Service

Most of us are agreed that the work of the nurse must be supplemented. The recent epidemic has brought to us with startling vividness a realization of the shortage of nurses in every field. The return of those who have been serving abroad will help somewhat to meet this shortage, and the great effort that is being put forth to increase the number of pupil nurses in the hospital training schools, and to give post-graduate courses to those nurses who desire to take up public health nursing will, we hope, in time yield large returns; but as it takes from two to three years to get this training, we cannot count on their help before that time. In the mean time, what is the best supplementary assistance, and what is the best way in which to use this assistance?

Undoubtedly the supervised, trained attendant is the best aid, and in Cleveland, at least, we have come to the conclusion that her assistance is most valuable when she is placed under supervision in homes where constant attendance is desirable, but where the needs of the patient and the financial conditions preclude the possibility of placing graduate nurses.

From the Cleveland experience of attendant service, covering now a period of three years, we have come to some definite decisions.

In the first place, we feel that the attendant should not be used as an assistant to the nurse in visiting in the homes, but only when continuous service in the home is required. The reasons for this conclusion are:

(a) If the attendant merely accompanies the nurse to relieve her of some of her lighter duties, such as bed-making, bathing, etc. much time is wasted, for these duties are readily carried on by the nurse while she is making her observations, giving directions, etc., and the attendant would be a superfluity. On the other hand, if the attendant were sent alone into a home—even on a second visit—it would be a dangerous procedure. The condition of patient and home might be quite different from condition on the first visit—difficulties or complications might have arisen which would make the care or treatment given on the first day quite inadequate or

even dangerous, and the attendant would have no training or experience to enable her to understand or cope with the situation.

It is sufficiently difficult for the well-trained graduate nurse to adjust herself to the demands and difficulties of visiting nursing service; such frequent and difficult adjustments as constantly arise in all visiting nursing work should not be expected from women of the type and training of attendants.

(b) On the other hand, an attendant living in the home for a week or two weeks, sometimes longer, gradually adjusts herself to conditions and learns to give the necessary type of service required in that particular home. Moreover, if any difficulty arises, or if any care is required for which she feels herself unqualified, or if she is in doubt as to any point, she can at once telephone to her supervisor and get the desired instruction, or, if necessary, the supervisor will herself call and give the care or treatment ordered. This relieves the attendant of much responsibility and assures to the patient the proper care. When necessary, the supervisor calls every day; otherwise, only often enough to keep watch of the work being done.

In Cleveland we have a regular supervisor of attendants whose duty it is to engage the attendants, place them and supervise their work. In the beginning, the district nurses were sometimes used as supervisors of attendants employed in their districts; but it was found inadvisable to entrust the supervision of the attendant's work to any of the district nurses, (a) because the same attendant might not be under the same district nurse more than once in a year, and it is necessary for a person to see the attendant on different types of cases in order to know what type of work she is best fitted to do, and to judge how much or how little supervision she requires. (b) Furthermore, not all nurses are capable of giving this particular kind of supervisory service with a partly trained woman, and even when capable, the district nurse is naturally not as much interested in supervising an occasional attendant as she is in carrying on her own particular piece of district work.

In regard to the training necessary to make a good attendant, we usually find that attendants who have had a few weeks or months training in general hospitals are not the ones most useful in the homes. They can sometimes give the necessary nursing care to the patient, but are usually unwilling to help in the household. Such women, with only a limited hospital experience, cannot be entrusted with the care of patients who are seriously ill; they can only legitimately be sent to homes in which the nursing care is simple;

and in such cases the emergency needs of the household usually form a considerable part of the attendant's duties. For example, one attendant who had received several months' training in a hospital was sent to care for a light case of influenza. The patient did not require a great deal of bedside care, but there was a small child who needed some looking after, had to be helped off to school and needed someone to see that she had her meals properly during her mother's sickness, etc. The attendant objected that she had never before been expected to do that sort of work. She was evidently not the proper kind of person needed in that home.

On the other hand, we have often found that women who have done no nursing work at all become, with a little instruction, our best attendants. For instance, we have one attendant, a woman of about 35 years of age, who had done no nursing work, but had been a seamstress and a cook in a good family; she is a woman of fine instincts, but on account of her limited education ineligible for training in an accredited school. She came with practically no experience, but attended several classes given by the supervisor of the attendant service, and was instructed in bed-making, the giving of baths, and the general care of the patient. It was evident that her training in homes had given her good fundamental ideas in regard to household usage, i.e., she understood how to prepare a patient's tray, how to serve the food hot, and similar matters. She has been in the service since 1916 and her work has been highly satisfactory. During this time she has been placed on the following cases:

(a) To care for mother with baby about five months old, who was not very strong. The doctor wished the mother to stay in bed, and she needed someone to care for the baby and to get meals for both herself and husband. The attendant's work on this first case was in every respect very satisfactory.

(b) A maternity case. The mother had been cared for at the time of her confinement, through the pay service of the Visiting Nurse Association; the attendant was then sent to care for mother and baby under daily supervision until the mother was convalescent.

(c) An old lady sick with rheumatism. The attendant was with her for several months.

(d) A two weeks' old maternity case. The patient had been in hospital, but on her return home was not well enough to care for the baby.

(e) The attendant took care of several well children for a few days while the mother was not well.

(f) A tuberculosis case. The patient had been given a great deal of care at Saranac; at first she found it very difficult to have the attendant care for her, but after a few days matters began to adjust themselves, and the attendant remained with the patient until her death some months later, having proved herself most careful and capable.

(g) During the influenza epidemic this attendant took care of several influenza and pneumonia cases, carrying them through successfully.*

This attendant is one of the few in the service of whom there has never been a complaint.

Another of our attendants had one year of training in a general hospital and eight years of experience; she came to Cleveland from Chicago and did not know anyone here, but had been very busy in Chicago. She has a very pleasing personality and is willing to help out considerably in the homes. She prefers work with children. This attendant is an exception to the general rule that the women with some hospital training do not fit in well; occasionally a woman of this type is found, but almost invariably she drops out of the service after a while, as she can generally obtain her own cases, through physicians and through the recommendations of one patient to another. In this case, the liklihood is that she will ultimately take a permanent position in some home, as she much prefers caring for children.

Another attendant has had six months training in a general hospital and also spent some time in another institution. She has a very pleasing personality and gives excellent bed-side care, but she refuses to do any kind of household work. Because she is so good in sick cases and has such a pleasing personality, she is kept busy in homes where bed-side care is necessary, and in which it is possible to make arrangements for the care of the house work.

As an example of the kind of attendant who is undesirable, we may instance the case of a woman who had no training, but had done "practical" nursing for many years. She was not willing to accept teaching, as she considered that she knew everything; she was also a great talker. She was not satisfactory in the homes, al-

*This is not the type of service for which we feel the attendant should be used; but during the influenza epidemic it was, of course, necessary to use attendants for acute cases in order to meet the emergency. Ordinarily, attendants are sent only on convalescent and chronic cases.

though willing to give household service, and it was felt that she was undesirable and dangerous, because of her unwillingness to accept advice.

From this cursory glance at the types of women that we are using in our Cleveland Supervised Attendant Service, it will be seen that we can use many types to advantage. Some are useful for one kind of home and some for another; some are placed on cases needing merely good bedside care, others where some house work is required.

As a rule we find that the woman who has had considerable experience as a practical nurse does not make a good attendant. She usually feels that her experience has taught her all it is necessary to know and she does not wish for supervision. On the other hand, the woman who has had little or no experience appreciates supervision; is willing to be taught; and will usually carry out instructions and will not assume responsibility for which she is not qualified.

The age for satisfactory attendants should be preferably between 24 and 35 years; personal qualifications are: neatness and cleanliness; ability and willingness to be taught and to do; thoroughness; a certain amount of tact; and a sense of loyalty.

Last summer the experiment was tried of sending five attendants who had a limited amount of experience, to one of the hospitals for some training. While all the attendants were benefitted by the kind of experience they had there, none of them were satisfied, because they all saw the amount of training that was given to the pupil nurses and realized how little they were themselves receiving. They received a very little training, learning mainly what they could by observation; they were taught to make beds, but that they already knew. Experience would go to show that nurses and attendants should not be trained in the same hospital; there is a certain amount of fraternizing between them, and the knowledge of how much superior the training of the pupil nurse is to that given to the attendant has an unsettling effect upon the latter; and if the attendant is unscrupulous she can pose as a "nurse" who has received training in such and such a hospital.

We should be in favor of a recognized training for attendants in a convalescent or chronic patient home, or in a type of home in which there would be some patients to care for, but where there would also be actual home work, lighter kinds of house work, etc. to do. There should be definite instruction, both theoretical and practical; just the simplest kind of nursing precedure should be taught.

One of the great difficulties to be met with in the attendant service is the lack of any sense of loyalty to the registry sending the attendants out. This is due to the fact that the registry has really done nothing for them, and therefore they feel under no obligation of loyalty to it. The development of a definite form of training through the attendant service might perhaps help this situation and develop a sense of loyalty to the service.

Another difficulty is the want of continuity in the service, the women change all the time. By taking women without training or previous experience and giving them the necessary training, this difficulty might also be largely obviated. Women of the type of attendant No. 1 could probably be effectively trained in six months, or perhaps even less time; through this definite training by a responsible, well-equipped professional association it should be possible to develop a regular, distinct and loyal service.

A SUGGESTIVE PLAN FOR TRAINING ATTENDANTS IN CLEVELAND

BY EMMA MANDERY

Acting Superintendent, Cleveland Visiting Nurse Association

EDITOR'S NOTE: The following outline of a plan of training for attendants in Cleveland is merely suggestive. A plan of this kind is at present under consideration, but no active steps have as yet been taken towards putting it into practice. It is published here because it is felt that it may perhaps offer some points that may be of interest in this discussion.

The outlined plan of training is based largely upon the practical experience in connection with the Supervised Attendant Service in Cleveland.

The following has been worked out as a possible plan for training attendants in Cleveland, subject to change and modification as experience indicates:

A home to accommodate possibly eight or ten women, under a nurse instructor. The applicants to be between the ages of 20 and 40 years, and not eligible for a hospital training school. The attendant to live at the home for six months.

The first two months, theoretical instruction and demonstrations to be received, as follows:

COURSE OF INSTRUCTION

1. Qualifications: Deportment and personal hygiene.
2. General hygiene: Care of the home, cleanliness, ventilation, sanitation, disposal of waste, germ theory, household and sick room.
3. Food: Buying, care, preparation, cooking for the family.

4. Ethics: Etiquette of the sick-room, adaptability to household conditions, improvising.
5. Everyday care of the sick: Bed-making, lifting, moving, rubbing, special arrangements for comfort, prevention of bed sores, cleansing and sponge baths.
6. Methods of disinfection and sterilization of sick-room utensils.
7. Temperature, pulse, respiration, observation of urine, defecations, special conditions, record keeping.
8. Enemata, fomentations, poultices, bran and mustard baths, mustard plaster, hot water bottles, care of rubber goods.
9. Giving of medicines.
10. Poisons and antidotes.
11. Care and feeding of children, both well and ill.
12. Elementary nursing in maternity cases.
13. Bandages, variety, material and application.
14. Emergencies, medical and surgical.
15. Special invalid cooking and serving of food.

The remaining four months to be spent in homes on 12 or 24-hour duty, putting into practical application what has been learned, under close supervision and instruction, at the following rates:

First	month	charge	to	the	patient	of $ 8.00 per week
Second	month	"	"	"	"	" 10.00 per week
Third	month	"	"	"	"	" 12.00 per week
Fourth	month	"	"	"	"	" 14.00 per week

During this period, students still to live in the home when not on cases, with continuous instruction as needed. At the end of six months, to find their own living accommodations, and to be employed through our registry at the rate of from $15.00 to $20.00 per week, the usual charge being made to the family of $1.50 per week for supervision. During the training, the students to furnish their own uniforms and to receive possibly $5.00 per month, or no fee, considering the training and living sufficient recompense; or it might be wise to ask a fee of $25.00 for the training, as some centres are doing.

In suggesting the home, rather than training attendants in institutions, our main reason is to emphasize the training in the care of the home, preparing of food, home sanitation, etc., rather than the nursing care of acute illness.

At the conclusion of the training, a membership card to be given rather than a certificate, and the attendant to be asked to remain on the registry 18 months or two years.

We do feel very strongly that our idea should be to train these attendants for the care of convalescents and chronics *only*, so as not in any way to infringe on the province of the private duty nurse —except, of course, in a recurrence of an epidemic such as we have just experienced.

THE ATTENDANT IN THE HOME

BY CATHERINE SHEPARD

The Household Nursing Association, Boston

Before beginning to discuss the attendant in the home, the readers of the PUBLIC HEALTH NURSE may be interested in an outline of the training for attendants given by The Household Nursing Association in Boston.

The pupils pay a fee of fifty dollars for their six months training. They come first to the House of the Association for six weeks training in cooking, dietetics, food values, the purchasing of food and the general care of the house. They then go to one of several affiliated hospitals for four months training.

A month's maternity work is elective and the pupils are advised to take it after their hospital training, although it will add two weeks to the six months' course. They go out on private cases immediately after graduation, but they promise on entering the school to work under supervision of The Household Nursing Association for at least six months, regarding this period as further training.

In the case of the attendant in the home, two difficulties present themselves.

The first is housework, which the attendant may be unwilling to do, or which may be imposed upon her by the family, who are trying to substitute an attendant for the maid of all work.

In many cases the attendant, having had a little training, is anxious to impress herself upon her patients as a graduate nurse and feels that doing housework will lower her in their eyes, while the trained attendant usually has an entirely different feeling towards housework. She sees the importance of keeping all her surroundings clean and neat and really enjoys cooking for the patient.

During the first six weeks in the school, the attendants have been carefully trained in cooking and dietetics and are made to realize that feeding the patient is often as important as the nursing. It pleases them to be praised by the patient for the tempting food they are able to prepare. When they are asked to do all the family cooking and housework, it is the supervisor's place to adjust this matter with the family. The attendants are instructed when going on a case to hand the family of the patient the rules of the Association in which their duties are defined. This should prevent many misunderstandings.

The second difficulty is supervision by graduate nurses, which is so absolutely necessary when these women who have had only a short training are sent on private cases. It seems to be largely a matter of educating the public and especially the doctors to the great help supervision may be when rightly used.

The family often tell the attendant she is as "good as a trained nurse" and "better than many they have had," and point out the foolishness of their paying the supervision charge which might be added to her own wages. Or the doctor may praise her unexpectedly good work, and turn her head by telling her that he will keep her busy and that she need never go back to the registry.

Often even without this encouragement, as the attendant becomes more confident, she is eager to discard the criticism of the supervisor, and in her ignorance does not realize how constructive such criticism may be. Also, the family sometimes object to the supervisor's visit and refuse to allow her to see the patient and make her decidedly uncomfortable. In this case the right kind of supervisor can become a missionary to the cause and it is almost invariable that once the reason for supervision is explained and its benefits made clear, the family welcome the supervisor's visit and bring any difficulties to her to be settled.

With the doctor the problem of converting him to the merits of supervision is more simple. Once he discovers what pains the association takes to send the attendant best suited to the case, to remove her if she is unsatisfactory, to see that she is instructed in any necessary treatment and to endeavor to adjust her wages to the means of the family, he uses the association with greater freedom, knowing that it stands behind its attendants to exact good work.

It is more difficult to convert the attendant once she has broken away from supervision, though many realize that the association, which really cares for their welfare and stands behind them in the matter of their wages, is a friend to be relied upon.

The practical nurse or woman who has not quite completed her Hospital Training, is in our experience, less amenable to supervision. She leaves the registry when she can get work without its help and comes back to it in the dull season, clamoring for cases.

Since we started our Training School a year ago, it has been very encouraging to see how differently our graduates regard supervision. In all but a few cases they feel a loyalty to their school and bring their problems to the office or ask the supervisors to help them with some particular difficulties on a case. It seems to

be largely a matter of impressing upon the pupils while they are in training, the interest the Association has in their future and its desire to help them in every possible way. We endeavor to make them realize not only our natural interest in our graduates, but our feeling that through them we are rendering a service to the community by caring for people of moderate means. They are also told how valuable their services may be on many cases where a graduate nurse is not required.

The personality of the graduate nurse has much to do with the success of supervision. If she can make herself liked by the attendants and win their confidence and respect, she has gone a long way in advancing the work of the association.

To give a few instances illustrating this coöperation between the attendants and the supervisors—In one case the attendant asked to be shown how to give a sponge bath to reduce a baby's temperature. The supervisor immediately gave a demonstration, the family all standing around admiringly, most grateful for the assistance. Another time, the supervisor while visiting an attendant who was taking care of premature twins, found one baby dying, the other very low. An hour was spent explaining to the mother who had given up all hope, the necessity of calling in a specialist. This was finally done and the baby's life saved. In this case the attendant was quite helpless, feeling everything wrong and not knowing what steps to take.

Again, the supervisor was asked to come and show the attendant how to prepare for a slight operation, and again she was able to persuade a tired mother to go to bed and put all the responsibility on the attendant. In all these cases the attendant was willing but not equal to the situation, and was glad to have the help and support of the supervisor.

As the training we are giving our attendants is still in the experimental stage, it is perhaps hardly fair to speak with authority on the value of the trained attendant over the old time practical nurse, but from a year's experience, the directors feel the great importance of the six months' training. It is aimed to give the attendant what she absolutely needs in her work without attempting to crowd too much in the short time, and to impress upon her mind her definite and important place among nurses, even though she can never take the place of a graduate. If the attendant can realize this, many of the difficulties are overcome.

A LETTER TO THE EDITOR

February 18, 1919.

Editor PUBLIC HEALTH NURSE,
Cleveland, Ohio.

Dear Madam:

The recent epidemic has shown the absolute need of supplementing the graduate nursing force of our country by a properly trained and directed non-graduate force; and the necessity of having such a force has been officially and definitely recognized in principle by the national nursing bodies. I therefore beg the privilege of calling attention in your columns to the fact that the action of some of our nursing bodies with reference to this situation seems to be in a direction that holds out very little prospect of improvement, and offers some excellent chances of making things worse.

While we have always set great value on certificates and diplomas, which are undoubtedly necessary for more purposes than one, we often fall into the habit of expecting too much of these diplomas. We expect a diploma given on some duly impressive occasion to perform the work of determining during many following years the kind of work for which the recipient is suited. During that time she herself may have changed in such a way as not to be fit for such certification, and whether she has changed or not, the public is entirely unable to discriminate between various kinds of diplomas and certificates, and is more likely than not to overrate the capacity of the nurse because of the certification.

This has been the cause in the past years of the failure of many attempts at turning out short course nurses able to do certain necessary kinds of work during sickness in families of moderate means and to serve as a substitute for the untrained women who now do a large part of this class of work. Many of the women so trained have allowed themselves to be passed by the public as graduate nurses of full and complete training and education.

The present movement seems to have learned nothing from these failures and the lesson that I think needs to be learned is that it is time for us to cease relying largely upon diplomas and certification for placing our nurses and to turn our energies to organizing in the public interest local placing and supervising agencies which shall be civic institutions not run as charities nor for financial profit but for the benefit and protection of the public.

The supervision by a community, through a competent organization, of its work for the sick is what is needed, and this cannot be done through diplomas or by registration laws alone. This

supervision is especially needed for the non-graduate nurse or worker for the sick, but a reasonable amount of supervision in the public interest will do no harm to a great deal of the work that is done by a certain class of graduate nurses.

Such attempts as have been made at supervision in the public interest have, I think, shown pretty well that not only can the entire field be properly covered by this means, but that such work from a central office organized for the benefit of the community is an advantage and a protection to both graduates and non-graduates. It also makes possible the detailed study of the needs of the individual family in sickness and the supplying of these needs, so that all grades of labor that may be necessary for the care of our homes in sickness can be developed and supplied.

I believe that, if those who have the efficiency of our nursing at heart, will give more attention to this aspect of the question, it will be less necessary to afflict our legislatures with measures for certificating various grades of nurses. Many of these measures, if enacted, are more likely to mislead the public by multiplicity of certificates than they are to improve our nursing or to benefit our nursing profession, and the necessary placing of the right woman on the right job by a competent supervisor who knows both woman and job is something that no such measure can accomplish.

Yours very truly,
R. M. Bradley.
Trustee of the Thomas Thompson Foundation.

A REPORT ON THE PLANS OF THE EDUCATIONAL COMMITTEE

BY BESSIE A. HAASIS

Editor's Note: The following paper was prepared some months ago, and is published here because it gives so very clear a conception of the ideal which the Committee on Education of the National Organization for Public Health Nursing have before them in making their appeal for scholarships for the training of Public Health Nurses.

The whole situation is so admirably explained that we feel that it will give our readers an excellent understanding both of the need for training more Public Health Nurses and of the means which are under consideration to make such training available.

Before the war is over it is altogether probable that 35 per cent. of the active graduate nurses of the country will have been engaged in military hospital work either in this country or on the other side.

The withdrawal of such a large numerical proportion has proved even more disturbing in the nursing world than has the withdrawal of two or three million men of the civilian population from industry. Hospitals and private duty have felt keenly the shortage of workers, but probably not as seriously as the field of public health nursing, where the very war situation which has withdrawn present workers for military duty has at the same time tremendously increased the demand for more adequate health protection of the civil population at home.

The outstanding factors in the public health nursing situation today are:

1. It is coming to be recognized that special training or experience, in addition to the usual hospital course, is necessary for first class public health work.

2. Large numbers of nurses so qualified have left public health nursing for military and Red Cross service.

3. A considerable number of courses are offered to prepare nurses for public health work.

4. Without exception these courses have a very small number of students this year and a great demand for their graduates.

5. Courses to prepare nurses for public health work are being projected in other localities on account of the need for such workers, but available students are very scarce as every nurse is sadly needed in the *work* of the day.

When war activities are over, there will be the problem of the demobilization of the Army Nurse Corps, not at all incomparable with the problem of the demobilization of the army. Among the problems common to the two groups will be:

(a) The sudden return of large numbers of workers to activities which have adjusted themselves to their absence by the employment of others who cannot be rapidly dismissed.

(b) The disadvantage to a worker of having been out of touch with his or her particular line of work for a considerable period.

(c) The return of large numbers of workers will depress salaries, though it is likely that the cost of living will remain high for some years until by taxation the war loans are paid off.

It is to be hoped that the problem of the demobilization of nurses will be studied with as much care as that of the demobilization of the army.

Cessation of hostilities will permit an immediate release of large numbers of nurses who will surely suffer hardship unless some careful plans are made for them. As convalescent hospitals gradually close, the rest of the nurse corps will be more slowly returned to civilian status. It would seem desirable that an exhaustive study should be made and those nurses first released who can return to former positions held open for them, or to whom immediate new employment is assured. This would easily provide for a considerable percentage at once, both in institutional and public health work, where there is a distinct shortage at the present time.

Aside from those nurses who through their own efforts can immediately secure employment, there will be many more who will be qualified by special training or previous experience to enter the public health field. There will also be many openings for such workers of which they will not know. It would therefore seem highly desirable that some central body act as a clearing house to connect experienced workers with positions. This might be developed as a function of a National Employment Bureau, although a strict inquiry into and maintenance of professional standards might very probably be better maintained if the work were done under a body such as the Red Cross Bureau of Public Health Nursing or the National Organization for Public Health Nursing with whom professional standards in nursing are of more vital significance and are better understood.

It might be possible that the distribution of experienced workers could be most advantageously worked out by a decentralized plan with a central clearing house operating through state departments of health where they employ a state supervisor of public health nursing, or through the States Council of the National Organization for Public Health Nursing. (State Councils of Defense may be reorganized for reconstruction, but they would be under the disadvantage of unfamiliarity with professional standards.)

Under whatever organization the redistribution is accomplished, certain it is that it should be gone about systematically. It is quite possible that a by-product of this activity will be a substantial advance toward the standardization of hours and duties for public health nurses and of the salaries paid, graded according to training, experience and capacity.

So far we have considered only those nurses, who, on account of previous experience, will have comparatively little difficulty in securing employment when their country no longer needs them for military service. There will be thousands more to whom a return

to self-support will be an exceedingly difficult problem. England has promised her soldiers one year's unemployment benefit (a mere subsistence to be sure) following discharge from the army. Some such provision will doubtless be made to our soldiers and there is no question but that the same provision should be extended to nurses. The control of such a scheme, however, rests largely in some unified employment service, which can know for a certainty whether any case of unemployment is through choice or through a lack of opportunity for work.

Nurses who have left the field of private duty for military service will have great difficulty in returning to self-support in the civilian population for a number of reasons:

(a) The clientele of a nurse engaged in private duty is built up slowly and easily lost by absence from the field.

(b) During our country's participation in the war, everyone has been urged repeatedly as a patriotic duty, to get along as far as possible without the private duty nurse. Such habits once made, either through conscious patriotism or because of the actual shortage of private duty nurses, will change but slowly and a large number of private duty nurses returning to any community deprived of them for any considerable time, will undoubtedly suffer seriously from unemployment.

(c) Thousands of women in every State in the Union have taken courses in the home care of the sick, and will therefore be far less dependent upon the service of the resident graduate nurse than before the war.

(d) With the financial depression sure to follow the consummation of peace, luxuries will be sacrificed in a large number of families. This will reduce the number of graduate nurses employed as companions, or for the care of conditions other than acute illness.

A fifth condition is also certain to obtain, largely the result of the preceding four.

(e) Economy of nurses, made necessary during the war by their withdrawal for military service, has resulted in the larger use of organized visiting service by classes other than the poor for whom such service was originally designed. This is another community habit which will not easily be given up, especially when financial stringency will also indicate it as a peace time economy both of nurses and money. It would seem, therefore, that while there

will be work for a decreased number of private duty nurses, *after the war, there will be a great increase in openings for nurses in visiting nurse service and other community measures for the care of the sick.*

There are a number of other causes which have also been operating to increase the openings for nurses in community work. Briefly they are:

(a) The extension of school medical inspection and nursing resulting from the findings of the draft boards of large numbers of physical defects remediable during school age.

(b) The extension of pre-natal, maternity and infant welfare nursing resulting from the Children's Year.

(c) The extension of tuberculosis nursing to care for the returned tuberculous soldier and his family.

(d) The extension of public health nursing, especially in the control of communicable diseases including syphilis and gonorrhoea, as demonstrated by the United States Public Health Service in the extra-cantonment zones.

(e) The extension of mental hygiene nursing as a measure to prevent insanity and to reduce the institutional population by early discharge of patients who can be effectively cared for under supervision in their own homes.

All these activities are on the increase and stand ready to absorb a large number of the nurses returning from army service who will not find it wise to return to private duty.

Aside from the expansion of public health nursing due to conditions now in operation, certain other conditions are sure to obtain which will also indicate an extension of community health measures.

(a) The decrease in wages which will follow the return of large numbers of men to civil life, will not be followed immediately by a decrease in the cost of living. Lowering of standards of living among the employed and lack of employment will bring a return of poverty and of sickness which must be cared for by organized community effort.

(b) It is probable that in order to make room for adult workers in industry, the age of compulsory school attendance will be raised in all parts of the country. This will bring back to school many children who have been subjected to the stress of industry before their physical development was accomplished and who will be in peculiar need of medical inspection and careful corrective treatment.

(c) The enormous substitutions of women for men in industry during the war, has subjected many of them to strains to which their physique is unaccustomed and often unsuited. These women will be the mothers of the next generation and if their children are not to pay the penalty of their mothers' war service, they are going to need an increased measure of prenatal care and advice and their children more than the usual oversight during early infancy. The report of the English Standing Committee of Industrial Organizations points to this need and urges in addition to the extension of prenatal, maternity and infant welfare nursing, the extension of midwifery, to make up for the loss of large numbers of physicians in the war, and to maternity benefits under a general health insurance scheme.

Clearly the homecoming of nurses from military service will see many of them entering public health work rather than returning to private duty.

It is hardly necessary to state that the average private duty nurse has little conception of either the purposes or methods of public health nursing. The absorption of large numbers of them into the field is therefore likely to be attended by many dangers unless plans are made for their preparation, either by special training, or by experience on a well-organized staff before they attempt to take positions where they will not be under the direction of experienced workers. The more remote a Public Health Nurse is from other similar workers, the more urgent is it that she shall have all the vision and conviction and knowledge which special courses and previous experience can give her. And yet it is the isolated positions which are so apt, through lack of knowledge on the part of those employing the nurse, to accept women without such qualifications. It would seem that this is an additional argument for a central or State distributing scheme of placing returned nurses, in order that communities may be protected against unqualified workers; and the nurses be prevented if possible from undertaking work for which they are poorly, if at all, prepared.

Staffs of nurses under capable supervisors can absorb workers without previous experience and train them in public health work without detriment to their results, as the work of the beginner is supplemented by that of the supervisor and there is the precedent and uniformity of method possible under organization. The Board of Education employing a single school nurse or the county tuberculosis hospital employing one social service nurse should not em-

ploy the inexperienced worker as there are no precedents for her guidance, and no teacher.

On well organized staffs there is usually only a small proportion of workers who can be spared or who for personal reasons find it possible to move away from cities to take these positions where they work independent of constant supervision. The needs of these positions can be met adequately only by a great extension of public health nursing courses, and a large increase in the number of nurses taking advantage of them.

It is reasonable to suppose that before many years the curricula of many hospital training schools will be modified so as to include enough training for public health work to make it possible for the graduate to hold the less important positions in this line. This change cannot be brought about rapidly as it presupposes a large number of *teachers* of public health nursing who have yet to be raised up, and the wider establishment of public health nursing activities which are organized to give hospital students instruction in the theory along with the practice of preventive work with families in their homes. The hope of the present situation must be in the graduate nurse and the postgraduate course. *Is not the close of the war a strategic time to make a big start in this direction?*

The most common obstacles in the way of a nurse's taking a postgraduate course are:

(a) Inertia militating against a change from a familiar to an unfamiliar occupation and the breaking of home ties and professional associations.

(b) Expense—both the negative expense of ceasing to draw a salary and the positive and very considerable expense of travel, tuition and board for periods varying from four months to a year.

The obstacle of inertia will be disposed of in nurses returning from military service. Everyone of them will have to establish new associations and most of them will be more footloose and open to considering a departure from their previous occupation than they ever have been before or will be again.

The obstacle of expense will be more compelling than usual in the majority of cases. Many of the nurses who have served their country in her time of stress, gave up comfortable and lucrative positions to do so. Their compensations have been of the spirit rather than of the purse and few, if any, will be in a position to spend before they accumulate some savings. *Would it not be to the*

interest of the country that they be subsidized, to prepare themselves to give their communities the specialized, expert service so much in demand?

Such a project does not differ materially from the plans being made for settling returned soldiers upon government lands, with easy terms for improvement and eventual ownership. May we not further liken it to the maintenance of young men in our colleges today, as members of our Students Army Training Corps, providing them with such education *because it will make them more valuable to their country?*

Another precedent which may be given in favor of a plan to subsidize postgraduate study in public health nursing is the plan of the war department to re-educate the soldier who, through illness or injury, is incapacitated to earn his living as he did before entering the army. The case of the private duty nurse is not quite parallel, as the change which the war has brought about is in the communities of the country rather than in the nurse's own mental or physical equipment. The fact remains, however, that large numbers of nurses will have cheerfully given valuable service to their country, and through no fault of their own will not be able to make a living as they did before. Moreover, by a relatively small subsidy they can be prepared to again support themselves and at the same time render the country service of which she is in great need and for which other workers cannot be prepared without far greater expenditure of time, money and effort. We propose, therefore, that plans be made to subsidize a very considerable number of returning army nurses, making it possible for them to take accredited courses in public health work. This to be done not as a charity or bonus, but in recognition of the service they have given to their country and the still greater service still needed from them in carrying on public health work themselves and preparing the public health nurses of the future.

The details of a plan for such scholarships would need exceedingly careful planning. The first would be the selection of candidates for the subsidy. Fairness to the whole body of returning nurses would demand equality of treatment for all, financially, but previous educational and professional qualifications would indicate which of the number would be eligible for admission to schools where advanced courses are offered. As the majority of these maintain the academic standards of universities, candidates would of necessity be those who could show at least three years of high school or an equivalent satisfactory to the college authorities.

Existing facilities would also determine to a large extent the numbers to benefit by the postgraduate work. Public health nursing courses are of necessity built up slowly. The theory may be arranged for without much difficulty. Far more important than the theory, however, is the availability of actual public health nursing activities of a high order of efficiency where the student may first observe, then practice, before she can hope to qualify to carry on public health nursing by herself, or direct the work of others. Not only should the public health work of the city in which the course is taken, be well organized for its own purposes, but it is equally important that it should be operated in such a way as to be adaptable to the teaching of new workers and should be under the guidance of those who can interpret the purposes and methods of their work to students as well as administer it well for the benefit of the community. The absence of good laboratory work of this sort has been the determining factor in preventing many schools and universities from giving courses in public health nursing, and the amount of such laboratory work available in any given locality is the most important factor in determining the number of students that can be profitably admitted to any one course.

These facts are stated to show why it would be impractical to organize any new and large school in public health nursing to care for a greater number of students than could be absorbed into the existing courses.

A study of the capacity of courses now in existence and approved by the National Organization for Public Health Nursing, shows that between 250 and 300 students could be under instruction at one time, though it might be necessary to refuse admission to any but army nurse students in order to accommodate the maximum number.

The standard course in practically every school is eight months in length, and the Educational Committee would strongly advise against any shorter period being considered. If field work and theory could be arranged to run throughout the year, 250 students finishing each eight months, 500 would have received this training in one and a half years. Out of this number it is highly probable that teachers and executives would be developed so that the number of new courses or the capacity of present courses could be so increased as to allow of nearly a doubled enrollment in the second year and a half. In this way approximately 1,500 Public Health Nurses, well qualified for community work, would be prepared in three years time.

The expense incident to the plan for subsidized study would be another matter for careful study. If the nurses were first returned to civilian status, the cost would doubtless be higher than if the training were given before they are mustered out of the service, averaging probably not less than $600 per capita for eight months.

It is conceivable that it might be carried on as an extension of the former policy of the Red Cross Bureau of Public Health Nursing, which has had for five years a relatively small fund which it has given and loaned to students wishing to prepare themselves for community health work. If carried on under these auspices, it would probably be unwise to hold to the condition heretofore imposed, that the students who have been subsidized shall work for at least one year under the supervision of the Red Cross Bureau. There will be many calls for workers in States where State supervision of public health nursing has or will have rendered unnecessary the centralized guidance and supervision afforded by the Red Cross before States developed organization for their own standardization of work.

It is also possible that in the event of the Red Cross greatly curtailing all its activities after the war, the plan could best be promoted by the National Organization for Public Health Nursing. It is conceivable that the latter organization would more easily than the Red Cross obtain funds for such an educational and essential peace time project. It has in the past been effective in matters of professional standards and educational methods and possibly, together with the League for Nursing Education, which will probably desire some plan for subsidizing a small number of women for instructors in training schools, could with the greatest propriety and success, finance and manage a plan to provide well-trained Public Health Nurses to supply the growing needs and demands of the country.

As the nurses reached the end of their course, it would again be highly desirable that their placement should be in the hands of some central bureau, or of State bureaus with central clearing facilities. Again, it would be possible that this be effectively developed by the National Organization for Public Health Nursing through State representatives, branch offices and field secretaries, given the necessary financial support. It would seem almost certainly wiser that this function should be assumed by an organization already experienced in this line of work with professional standards and a rich background of educational experience, than that a new body or bureau should be formed, having to start all over again to formulate its principles and procedures. There are many advantages

in having this sort of placement done by a voluntary organization rather than by a federal or politically appointed and supported board.

A replenished supply of trained public health workers will be a trust more precious than great stores of gold and no effort should be spared to effect such an organization as will place each and every worker to the very best advantage to the country.

The country is crying for Public Health Nurses. Unless a supply is soon found, lay workers will certainly be given superficial training to attempt their work. A great supply is at hand. It needs only to be tapped and a sum of money, small in comparison with the accruing benefits, is needed to direct and utilize its power. The Educational Committee is confident that it can and will be done.

A RECONSTRUCTION PROGRAM IN A RURAL COMMUNITY

BY KATHERINE M. OLMSTED

Secretary, Western Office, National Organization for Public Health Nursing

They have actually concluded in Southwestern Iowa that the men, women, and children are their most valuable assets and that "as contributors to community and national welfare, they are, as a rule, more valuable alive than dead, and those healthy in body, mind, and morals outclass the diseased, deformed, and the delinquents," and that life and health being of value is worthy of conservation, which calls for the establishment and maintenance of effective agencies.

A recent visit to this most unusual and enlightened community assured me that much if not all of this almost unbelievable attitude is due to the remarkable persistence of a certain Dr. F. E. Sampson who has by years of hammering, teaching, urging, and pleading finally converted a well meaning, but wayward multitude into an orderly and responsive working organization. We know that in many rural communities there are souls and spirits like Dr. Sampson's, but so many of them are becoming deterred and disheartened that this program of actuality comes at an opportune moment, and we hope will add incentive and inspiration to those groups of people who are struggling through this period of reconstruction to keep from demobilizing the ardor of greater community interest and anxiety for the health of boys and girls which has been the gift of war to peace.

Dr. Sampson's accomplishments have not come swiftly nor easily, as is shown by his stories of why he bought the town newspaper and ran it himself for several years, a strong flavor of political opposition and the history of why he managed the hospital. His really ingenious exhibit, the amount of statistical material collected and a moving picture machine and many slides depicting local conditions, all show signs of years of study and hard usage and we, the rural people, should be most grateful to Dr. Sampson and his staunch friends for blazing the trail that we may follow with ease and copy their now practical and working organization; for the most wonderful part of all is that it is no longer with them a discussion of a prospect, but the far more interesting procedure of accomplishments along a clearly defined constructive line.

The features of the plan, organization and ideals of the association are copied from various bits of newspaper publicity, from the report of the association, and from personal interviews with Dr. Sampson.

Location:

Central southwestern Iowa is a region that transportationally centers at Creston, where the hospital and social center have been located, from which center at least 100,000 people can be conveniently reached. In all this part of the country the most highly organized community units are towns and small cities in which the maintenance of a Modern Hospital Service by each and every one for its own people would be impossible. So common sense has suggested the organization of all these small community units, and by coöperative effort the creation and maintenance of a central service of first quality, and adequate in capacity to provide for all.

Motto of the Greater Community Association is **service.**

Public Health Service is not limited to measures administered by municipal and state officials, but includes other important activities, such as Health Supervision of all school children, Community Health Surveys, and Health Education.

Modern Hospital Service is used to distinguish the institutional service here considered, from a hospital which is merely a place. A hospital should be more than a mere repair shop for damaged human machinery. It is a social center for the Greater Community.

The Greater Community is the term used to designate in an aggregate sense all the cities, towns, and rural communities that participate in the co-operative effort.

The Coöperative Effort aims to bring into effect the organized coöperation of the several cities, towns, and rural com-

munities that wish to participate through an association called the Greater Community Association incorporated as a charitable and educational institution.

The Purpose of the Association is to maintain a Modern General Hospital Service, and as an auxiliary thereto, a Training School for Nurses, the latter in accord with the requirements for recognition as a legally accredited Training School.

The National Committee on Standards of Hospital Service has given this hospital a rating in class "A," which means among the best.

The Training School for Nurses has been in continuous operation for twenty-one years and was one of the first to adopt the three years course of training, and has been a legally accredited school from the time Iowa first established a definition for such institutions. This Hospital, Training School, grounds and equipment, with pledges of funds the working value of which is upwards of $100,000, has been a gift to the association by its board of directors, and the affairs of the association are now managed by a general board on which every participating community has representation. The hospital service is organized not as a business proposition, and not only for the highest efficiency attainable as a "repair shop," but as a sustained educational influence directed to the prevention of conditions that necessitate measures for restoration and repair.

The plan consists in coordinating all the efforts of existing welfare organizations, churches, clubs, etc., rather than to further encumber the community with additional organizations.

"Just as the efficient humanity serving hospital of the big city came to realize that much of its work failed, unless supplemented in the home, so these Southwest Iowa workers saw the necessity for a continuing educational campaign and service along public health lines in the communities and homes which comprise the great community served by this hospital.

The Social Service in the communities themselves will be doubly effective because it has at its command the plan, equipment, and service of the hospital now owned by the Greater Community Association.

When the Greater Community Association reaches out to each town, county seat, and village in the several counties that the hospital has for years been serving, it is not for the purpose of securing one cent to run the hospital. The $25.00 membership fee asked of each organization that joins, goes entirely into the educational and public health work. Only such funds as the local organization

entering into this association may designate are to be used to pay hospital expenses, and then only for such patients as it may advise. The services of the Hospital Medical Staff will be given without charge in each case where the hospital care is assumed in this way by the patient's church, lodge, or by the County Board of Supervisors. The expenses thus assumed would be those entailed by the hospital incident to necessary hospital care."

Through the organization of Social Service Committees in churches and Welfare Organizations for each community and a central community committee composed of the chairmen of these committees, and through coöperation with city, school, and county officials proper attention is directed to existing conditions of disability and distress. The actual cost for hospital care of such persons should be provided by their own church, lodge, club, community, or county.

FUNDS FOR THE SOCIAL SERVICE DEPARTMENT

Equipment Fund:

Purpose—Purchase of office equipment, desk, typewriter, filing cabinets, and records, equipment for child welfare department work.

Source—To be derived from a fixed percent of the membership fees, and the individual donations.

Maintaining Fund:

Purpose—To pay current expenses of social service and educational activities, such items as salary of social secretary, executive secretary, stenographer, postage, and other expenses incident to the organization and the general supervision of the work throughout the Greater Community.

Source—Per capita dues of membership of participating organizations, churches, lodges, clubs, etc.

Local Service Fund:

Purpose—To pay the cost of hospital service, not doctor fees, in case of worthy persons sent by local committees of any participating church, lodge, welfare club of any community within the Greater Community horizon.

Source—Under certain conditions 40 per cent of the membership dues of any organization is placed to the credit of the service fund of that organization. These funds are created by the churches and organized in any way they see fit and held in trust by the committee on finance, and permanent funds subject to the order of the duly authorized act of the church, lodge, or club to which it belongs.

Community Service Fund:

Purpose—1. To provide for the care of emergencies and to meet urgent needs not otherwise cared for.

2. To be applied under social service agencies' direction to the prevention of dependency, etc.

3. To such specially designed uses as donors specify.

Sources—Bequests, donations, annual subsidies, forfeitures, transfers, gratuities, benefits, etc.

As every one knows, rules and regulations are essential to the success of any organization and the question as to who was to formulate and see to the observance of such rules as might be formulated with reference to the admission and conduct of physicians and surgeons was delegated to two collaborating committees one from the Southwestern Iowa Medical Association and one appointed by the General Board of the Greater Community Association. All rules about the admission, care, fees from patients and care of patients financially incompetent have been successfully arranged in a plan which aims to attain the utmost fairness to all.

Dr. Kepford has said concerning the physicians' part in the enterprise that:

The free medical service is compensatory in that it is the contribution which the physicians make as their share of the community responsibility. That is, the community provides the hospital equipment where the physician may develop the highest efficiency in serving, and when a patient receives outside aid, in whole or in part, then the attending physician or staff of the hospital must render services of the highest character free.

Present program of association is:

A Health Survey of six counties, including rural and city schools.

A Central Free Dispensary for School Children (indigents).

A Central Free Dispensary for Tuberculosis.

A health and Social Service Center, with an Executive Secretary employed to supervise the sustained health crusades and social service, this Secretary to be a well-trained Public Health Nurse.

A permanent Child Welfare Station (installed by the State University), caring for children up to five years of age.

A Psychopathic Clinic (for study of defective, incorrigible or otherwise abnormal children).

A Training School for Nurses where nurses will receive special training in public health and social service work.

A Modern Hospital, fireproof buildings, modern equipment, established service—all owned in common by the people and administered under direction of elected regents.

Attainment of the above lines as a permanent, co-ordinated, efficiently administered service—on a scale to provide for 100,000 people residing in this region of small cities, towns and rural communities, placing at their disposal a group of most effective agencies that have heretofore been counted impossible save in larger cities.

Dr. Sampson explained that "all true patriotism found local duties also, and that the patriot whose love of country finds no expression in terms of service or sacrifice for the welfare of those about him nor for his community at large is a *veneered* patriot."

We quite believe that there are no veneered patriots in Southwestern Iowa and that instead of demobilizing the spirit of service they are going to continue their training camps where they are being so well drilled in the manual of applied democracy.

A CO-ORDINATED PLAN OF PUBLIC HEALTH NURSING IN PITTSBURGH

For six months Pittsburgh has been working towards a plan of centralized public health nursing. The efforts to bring about such a plan have been made in such a thorough and conscientious way that we take pleasure in publishing the report of the special committee which was appointed to make a complete study of the local situation and to report back definite recommendations to meet the needs of the city. The results of the survey impressed the committee with the necessity for coördination; and as a culminating result of the activities of those interested in the problem a mass meeting was held, at which there were present representatives of all the social welfare organizations, seven hospitals, the Health Department, the Board of Education, the Red Cross and all the private organizations employing visiting nurses, as well as several industries. At this meeting the following report was presented:

Mr. Chairman,

The mobilization of our resources during the war revealed both the strength and the weakness of our American social organizations. Conspicuous among our weak points the country over was our organization to meet the problem of public health. In Pennsylvania the rejection in the first draft of nearly fifty per cent. of our young men because of physical defects revealed a situation which social workers had suspected, but had been unable to combat. While our percentage was high enough to be conspicuous, it was by no means the highest in the nation. The National Council of Defense urged upon its local chapters that they face the significance of these figures, the neglect of the previous generation which they revealed, and the challenge which they gave to a more adequate care of the health of the coming generation.

The Child Welfare Committee of the Women's Division of the Allegheny County Council, under the able leadership of its Chairman, Miss Annie E. McCord, and the assistance of Miss Alice Stewart of the Tuberculosis League, surveyed the local situation and realized that while Baby Weeks, Infant Welfare Conferences, and Educational Meetings would help, nothing short of adequate nursing service would solve the local problem. Accordingly a Committee on Public Health Nursing was organized under the Child Welfare Department. This Committee consisted of Mrs. W. E. McKelvey, Chairman; Mrs. George L. Claypool, Vice Chairman; Miss Mabel Gillespie, Secretary and Treasurer; Miss Marcella Callery, Miss Isabella Chalfante, Mrs. E. V. Babcock, Mrs. A. B. Hine, Mrs. Wm. N. Frew, Mrs. Walter A. May, Miss Alice E. Stewart, Mrs. William Thaw, Jr.; Mrs. William R. Thompson, and the Director of the Department, Miss Annie E. McCord.

Through the courtesy of the National Organization for Public Health Nursing the Committee secured the services of Miss Katherine Olmsted, a national field worker, who made an intensive study of the local situation. Her report confirmed the preliminary findings of the Committee. Pittsburgh's social agencies had realized the need in this direction, but had been unable adequately to meet it.

There were about eighty nurses doing some form of public nursing in Pittsburgh, but all except some twenty of these were confined to special work of one kind or another, and could not do general public health work. These latter were controlled by a dozen different organizations, and were working with little knowledge of each others' plans and problems. There was no centralized plan or control. Some sections of the city were being well served, others almost entirely neglected. We had neither enough nurses in Pittsburgh, nor were we using those that we had to the fullest extent of their possibilities. These facts were presented in detail to a general meeting called by the Council of Defense. They elicited the response that the Committee had known a Pittsburgh audience would give. It was the unanimous opinion of the meeting that Pittsburgh's nursing facilities should be coördinated, and that enough additional nurses should be provided fully to meet Pittsburgh's needs. To this end the meeting authorized a second committee representative of the various agencies concerned in the problem, which should make a complete study of the local situation, and which should report back definite recommendations to meet Pittsburgh's need. This Committee consisted of Miss McCord and Mrs. William Thaw, Jr., of the Council of Defense; Miss Jessie Turn-

bull, Superintendent of the Training School of the West Penn Hospital and President of the local League of Nursing Education; Miss Alice Stewart, Superintendent of the Tuberculosis League, and one of our few local representatives of the National Public Health Nursing Association; Mr. J. D. Hailman, President of the Civic Club; Dr. Ogden Edwards, Dean of the Medical School; Dr. H. B. Burns, Head of the Bureau of Hygiene of the Board of Education, and Sherman Conrad, Secretary of the Coöperative Welfare Association. Dr. H. J. Benz and Dr. R. G. Burns of the Health Department were asked to meet with the Committee. It was this Committee whose report we are met to consider.

May I say at the outset, that this report would not have been possible had not the first committee graciously continued as a finance committee. We were thus able to secure the efficient services of Miss Nan L. Dorsey, an experienced worker from the National Organization, and to do many other necessary but comparatively expensive things. They have underwritten the expenses of the committee, which to the end of March, including the salary of the organizer, will be approximately $1,500. In addition, one member of the committee gave $300 for furnishing and equipping the office at 195 Union Arcade. For this office we are in turn indebted to the generosity of Mr. H. C. Frick. The Committee has met on an average of at least twice a week since its appointment last August.

We have checked all of the information presented in the former report, have studied intensively the work of each organization in the city, have met with their nurses or other representatives, and some member of the committee at least has talked with, it seems, every individual in Pittsburgh who is interested in public health nursing. The committee has further studied the plans used in Philadelphia, New York, Chicago, Cleveland, Dayton, and several other cities, and the general recommendations and studies of the National Association.

We have found the local situation much as pictured above. There are eighty-three public nurses in Pittsburgh, or at least there were last Friday. Under our present system it is difficult even to keep track of those who come and go. Of these, thirty are employed by industrial plants or department stores and their work is confined chiefly to first aid within the plant. Thirty more are in the employ of the city. Twelve of these are in the Bureau of Infectious Diseases, and their time is given entirely to that work. Eighteen are in the Bureau of Child Welfare.

These are the nurses that care for the 111,000 children in our Pittsburgh schools. In addition they make all the midwifery inspections, and give certain hours to the milk stations established throughout the city. The remaining twenty-three nurses are controlled by eleven organizations; four by the University of Pittsburgh Maternity Dispensary, eleven by various churches and social settlements, two by the Allegheny Visiting Nurse Association, and six by the Metropolitan Life Insurance Company. I suppose we could say of the work of almost any group of eighty-three persons that it was individually good, bad, and indifferent. That would not be quite just to the Pittsburgh situation. To put it in a sentence our Pittsburgh nursing is fairly good, but totally inadequate. Other cities have found that a school nurse works best with about 1,500 children in a poor district, and perhaps twice that number in a better class neighborhood. That would mean about fifty nurses for our schools—we have eighteen. Our national authorities tell us that there should be a Public Health Nurse to every 5,000 of the population. That would mean 140 for Pittsburgh, in addition to the school nurses; we have twenty-three. The war has taught us the necessity and the value of a unified control —but our eighty-three nurses are responsible to different authorities, and there is no coördination. We have in connection with our Pittsburgh Hospitals some of the very best training schools for nurses in the country, yet because we have no Public Health Nursing Association, our local women who wish to enter this profession must leave the city to study.

Please do not misunderstand this report. It is not a criticism of what we have done in Pittsburgh, but rather of what we have left undone. Our school nursing service, when we consider the task that it has, and the number of nurses which we have allowed it, has done an exceptional piece of work. Our individual organizations, working here and there throughout the city, have relieved untold distress. Our largest single unit of this type, that of the Irene Kaufmann Settlement, under the able direction of Miss Anna Heldman, adequately met the needs of its immediate neighborhood during the influenza epidemic. But the good work done there served only to throw into darker relief the work in other sections of the city where people literally died by scores because we could not organize a nursing service to save them.

To meet this situation the Committee recommended the immediate establishment of a Public Health Nursing Organization in Pitts-

burgh. Its scope and character is indicated by the following ten provisions, the substance of which the committee would have included in its charter.

1. The establishment of a Public Health Nursing Organization in Pittsburgh.

   The plan of this organization shall be sufficiently comprehensive to permit of expansion throughout the County if needed, or to do emergency work such as involved in the recent influenza epidemic.
2. This organization shall be guided by the standards of the National Organization for Public Health Nursing.
3. It shall be governed by an Administrative Board representative of the agencies and individuals interested in Public Health Nursing.
4. It shall develop a definite plan of coöperation with the Bureau of Child Hygiene and of Communicable Diseases of the Department of Health. It shall further develop a definite plan of coöperation with existing social agencies in the community.
5. The Director of the organization shall be a capable, thoroughly trained and experienced Public Health Nurse.
6. The initial organization shall contemplate a division of the city into districts, with a central office down town and a substation in each district. There shall be employed for the initial organization such graduate nurses in addition to the Director as the work may require.
7. A plan of coördination shall be developed with the Nurses Training Schools of the local Hospitals whereby their students may receive a period of three months' field work in Public Health Nursing.

   Such arrangements shall be made with the local educational institutions as will make possible a course of lectures for the staff and pupil nurses in the theory of Public Health Nursing and Social Service.
8. The organization shall maintain a department of hourly nursing.
9. The organization shall initiate in each district such general visiting nursing as the local situation may necessitate.
10. Industrial Public Health Nursing shall be developed through a plan of operation whereby the organization renders home nursing service to industrial or insurance companies on a pay-per-visit basis.

Without boring you with details, the Committee has definite assurance that if such an organization is formed at this time it can coördinate the work now being done in the city, absorbing some organizations and correlating its work with others. It will necessitate the employment of from 30 to 40 additional nurses. This will not be all the nursing Pittsburgh should have, but it will be a big step in that direction.

This will mean an annual budget of approximately fifty thousand dollars. Fortunately this meeting does not have to underwrite this amount. The Committee has gone into this in detail, and believes that the expense is not only justified, but demanded. It has, too, definite reason to believe that if the organization is founded at this time it is possible to finance it.

As an immediate method of organization the Committee respectfully submits the following recommendations:

1. That the general plan outlined above be endorsed by this meeting.
2. That this Committee be continued as an organizing committee and be empowered to add to its membership not less than five representative citizens of Pittsburgh.
3. That this enlarged committee be empowered to select the nucleus of the directorate of the new association. These directors are in turn to complete their own board, it being understood that ultimately the entire directorate shall be selected in some democratic and equitable manner by the contributors and members of the Association.

In this it is understood that we are unanimously committed to the policy of building up an independent organization, which shall maintain a neutral position as between any existing social agencies, and which shall be independent of the control of any one group.

The Committee will consider the acceptance of this report *in toto* as the acceptance of each of its recommendations.

Respectfully submitted,
SHERMAN CONRAD.

We are glad to be able to say that this report was favorably received and adopted by the meeting. A Board of Managers will be at once selected, following which there will be the appointment of a Director of Nurses, who will then proceed to make up her staff.

WHAT WE NEED IN FRANCE

BY ANNA HAMILTON, M. D.,

Director, Florence Nightingale School, France

EDITOR'S NOTE: The following article was written by Dr. Anna Hamilton, Director of the Florence Nightingale School in France, at the special request of the Executive Secretary of the National Organization for Public Health Nursing. Dr. Hamilton has recently been visiting this country, and her description of the kind of relief work needed in France will be of special interest to our readers.

Much has been most kindly planned in America for relief work amongst civilians in France. It may be interesting for those who are not familiar with this work to hear what it is wanted for.

Perhaps the experience of a French M. D. woman along this line, may help to explain to the reader in which way stand the wants of the French people. I will not refer to Paris in this paper. It must be remembered that the capital of France is not all France and that the wants felt in the provinces of France are on a much greater scale, therefore must be taken equally into consideration.

In France, hospitals still stand aloof of all, they are places where people mostly go to die—The poor needing operations are driven there by force, the sick who are dreadfully destitute are taken there in despair, and those who have met by accidents on the street are brought in by the police, but as soon as possible they leave the dreaded place.

Must it be recalled to American readers that there are not what they consider "trained nurses" in the hospitals of France? You do not find there growing out of the hospital all the extension help which is the rule in the United States. "Follow up work" is unknown and "social work" has never been heard of. French hospitals are all "city hospitals," but their management is divided between two political parties; the trustees being appointed every few years by the Municipality and by the *Prefecture* (State authority), two groups of officials who often disagree. Reforms, or even small alterations in the management of these institutions are therefore exceedingly difficult and almost hopeless undertakings. It will take years and years to achieve by outside influence or inside power the nursing reform which will lead on, as in America, to all the extension work accomplished by the hospitals of today in the United States.

The health question is tremendous now, much more than it was before those fifty-two months of warfare.

1. The men who have been wounded will, many of them, for a long time need some attention or their health may even be impaired for ever. They must have care.

2. The need of soldiers was so great that many men were drawn to the front who could not well bear the strain, the cold, the damp of the trenches. Many have developed tuberculosis, kidney or heart disease, etc., etc. They also must have proper care.

3. The men who were not considered fit to be soldiers are, of course, all very sickly ones. A great many are consumptives and a danger to their surroundings, and great care is wanted there.

4. The French women of all classes have been going through deep anguish these four years, which has more or less altered their health, for they all had one or more relatives at the front. But in the poorer classes most of the women have been working in the munition factories and many complain that their health is no longer the same. These also need attention.

5. The children that were born these last years were mostly underweight and delicate, many could not be nursed by their mothers who were in the factories, and have been bottle-fed by ignorant, old neighbors taking charge of a group of infants in most unhealthy quarters. All these young children, the hope of the nation, must get proper care to grow up strong citizens.

For all these patients amongst the poorer classes care is needed and care in the homes ought to be provided. It is the "Visiting Nurse" that must come to the rescue of all these patients who cannot—or will not, go to the hospital of their city. But these visiting nurses must be really *trained nurses,* so as to be able to do the work efficiently, otherwise they will not be appreciated and their work will not be successful, even amongst the most needy.

It will not be possible for them to send their patients to the hospital, for the reasons stated above, except in very few cases. They themselves will have to do the *nursing,* the real attendance on the sick, but it will not be such an easy and complete work as visiting nursing is in America. The visiting nurse in France will long be like a "Voice in the wilderness," calling out for financial aid, pure milk, doctors' supervision in the homes, temporary homes for children, orphanages, asylums for the aged or incurable, convalescent homes and sanatoriums for tuberculosis at all stages. The visiting nurse will daily meet with the need of these institutions—and will have to do without them, for they either do not exist at all or are too small and crowded to admit new cases, or too expensive for the poor.

She will not, like the visiting nurse of New York, be able to refer to a "Charity Directory" of four hundred pages telling about all the institutions you can dream of, with about forty institutions for the care and prevention of tuberculosis of all kinds and at all stages. At the present day, for instance, she would in vain search all Southwestern France for a sanatorium for boys over fifteen years!

Her problems will be many, and she will wonder what to do with the hospital patient discharged from the hospital, weak and depressed, in need of a convalescent home—which does not exist. No hospital could there, like the Presbyterian hospital of New York, send in one year 295 patients to convalescent homes, choosing from amongst twenty-two institutions!

There has been some idea of establishing "Health Public Health Work" in France, but this kind of relief can but be sterile as long as none of the institutions which must collaborate with it are in existence in our country. They have to be created first to some extent.

Public Health work in the United States has grown out of visiting nursing, this visiting nursing was begun thanks to the hospital trained nurse. Where visiting nursing is non-existent, public health work cannot be established.

Therefore the greatest want of France is French *trained nurses* (after the American meaning of the word *trained*); then *visiting nursing*, and last of all, *Public Health work*. Establishing Public Health work first would be like building most healthy quarters at the top of a very unsanitary tenement house, with no stair-case to lead up to these healthy quarters, and then advise the poor tenants to go and live up there. It is not health talks, sanitary advice, hygiene supervision, which will open the doors of the French homes —it is the visiting nurse who, with her bag full of useful things, will win the confidence of the parents and the thankfulness of his relatives; it is the nurse who will stop to bathe the baby whose advice on hygiene will be listened to.

To penetrate in the homes of the poor for this work, to overcome prejudice and distrust toward new ways of doing things, the nurse must be French, so that she will understand what is said, guess what is feared and tactfully explain what is meant.

Thus may be best brought in the homes of the poor better health and sanitation.

NURSING IN THE MINNESOTA FIRE REGION - 1918

I.

BY SARA E. KOLLMAN

On November 7th, just after the first rumor of peace, while bells were ringing and whistles blowing, a call came from the Red Cross for two nurses to go to the devastated fire district of Minnesota.

After fourteen hour's travel, we reached Duluth, leaving immediately for Moose Lake, forty miles west, where we were to report to the Medical Department. This part of the trip became very interesting; it was evident that there had been a fire, although some buildings remained standing and many places were not even scorched. We were beginning to think that perhaps the Chicago papers had exaggerated, when the conductor pointed to a long trench where, he said, one hundred and ten unidentified bodies had been buried.

At Moose Lake we were met by Military Police and escorted to the hospital. One-half the town remained standing; the rest was wiped out with the exception of the school house, which was used as an emergency hospital. The desks had been removed and the classrooms were used as wards. About a block from the building was a small lake in which many refugees had been compelled to stand during the greater part of the night. After dinner in the mess hall, where we were served in true army style, we were sent to Red Cross headquarters, an office, at the end of the warehouse, a temporary frame building about 150 feet long.

During the afternoon Miss S. was sent to Cloquet but I remained over night. There were about fifteen Red Cross workers, including stenographers and motor drivers. The quarters were crowded and there were few conveniences. The men slept in the office and the women occupied an adjoining room. Nine cots were packed so closely together that it was necessary to get in from the foot. The nights were very cold and in the morning no one stopped dressing till hat, coat and mittens were on. Then we walked to the hospital to wash up and returned to the mess hall for breakfast.

Next morning, as soon as breakfast was over, I started in a Red Cross auto for Autumba, a small town sixteen miles west. First I had to locate two families and tell them of the death of a relative at the hospital. Nobody knew just where they lived, hardly a house was left standing, and it took hours to find them. Finally, however, we again started for Autumba, got on the wrong trail and traveled miles out of the way. It was late afternoon, getting dark and very cold. "No Man's Land" could not have looked much worse. That beauti-

ful forest, from which twenty-thousand Christmas trees were cut last year, was a barren waste. Trees were burned to the ground or torn up by the roots; those left standing looked like black pillars, for there was not a trace of vegetation. Peat beds were still burning and dozens of burned autos were standing beside the road, for many owners had had the wild hope of racing ahead of the fire.

We finally reached Autumba, to find only four Red Cross shacks. The town of 200 had been completely wiped out, with a loss of 50 lives. The Red Cross worker, three soldiers, the doctor and one Finnish family were the only inhabitants. Miss L. had complete charge of giving out food, clothing and furniture to the refugees. Polish (Catholics) living at the south end and Finnish (Lutherans) living north, each hating the other, made the task of dividing equally a very difficult one. However, her word was final, for practically every family was dependent upon the Red Cross for a time.

Here the tragedies of the fire became real. It had occurred just five weeks before, starting about 5:30 P. M. at a little town, Lawler, 75 miles west of Duluth. It spread with such amazing rapidity that one thousand were believed to have been burned to death and many who were saved lost everything. There was a terrific wind of 65 miles an hour, which may account for some of the strange freaks of the fire. Just one building of many would be spared, and in one locality every tree was broken off about 50 feet above the ground. The fire swept up to the very edge of Duluth, and before morning refugees were pouring into Duluth and Superior. Every available space was used and the Armory was a dressing station, for many were severely burned. Food and clothing were sent in by carloads and within three days the Red Cross had established relief stations throughout the entire burned area.

Thrilling tales were told by the survivors. One man, his wife and six small boys spent three hours in a little creek about fifteen feet wide, the fire coming down to the very edge of the banks, the father occasionally dipping the children to keep their hair from singeing. About nine they came out of the water, the boys sleeping on the bank, for the house and barns were gone and they were too far back in the woods to attempt to reach a neighbor that night. The mother and three of the boys spent the next few weeks in a hospital with pneumonia, but when they recovered, Mr. F. had built a little shack and again they started out. This was the only American family in the vicinity; he was a lumberman.

Several took refuge in shallow wells and covered their heads with tin pails; some dug holes in the ground and others were fortunate

enough to reach a clearing that escaped the flames. Homes not burned sheltered from 35 to 50 people; a number of families lived in schoolhouses or churches. All sorts of relief-garments had come in. Very unique some of the men looked in the bright green or red sport coats trimmed with hearts, spades and diamonds—sent up from St. Paul's winter carnival.

The Home Guards of Minneapolis built emergency shacks but they proved unsatisfactory for no consideration was paid to the size of the family and only a small, nailed-in window was put in each end of the building. The Minnesota Safety Commission are building and replacing where necessary. There was room for little furniture, only the stoves, tables, chairs and beds. Every family insisted on having iron beds and when one wooden and one iron bed were given, they were furious. One woman, who brought two quarts of milk to us, asked for some special favor every day, but the climax was reached when she wanted a new black and red woolen blanket for a bedspread. She was refused, and from that day on we used condensed milk.

Miss L. and I lived in the front room of the warehouse, which served as an office during the day and a bedroom at night. About two blocks away were the remains of a sawmill, a burning sawdust pile. It smoked during the day but at night would burn brightly; and with little imagination one could see weird figures dancing about it.

Our bunk was built in one corner; a couple of boxes served for table and desk and there were piles of potatoes and syrup cans on the other side, put there to keep from freezing. There was a small stove which wouldn't burn well, and when it did get red hot, Miss L. wanted to sprinkle it for fear the warehouse would burn down. We washed at night, for the water was frozen in the morning.

With a limited amount of soap and no laundry facilities, I found it necessary to wear refugee clothing, too—khaki skirt, blue flannel middy, army coat with cape, red stocking cap, mittens and rubbers. The doctor (a senior medical student from Minneapolis) and I usually made our calls together, for transportation was very difficult. Many bridges were burned out, the mud was deep and corduroy roads were almost as bad. These roads were made by putting logs closely together across a swampy place and filling in with dirt. Some parts had been burned out and the name "corduroy" was very appropriate. When it was impossible to get out with the Red Cross car, a Finn would take us out in his lumber wagon. The last trip was made in a battered, rusty auto that had been through the fire. The steering wheel was a barrel hoop and there was not a cushion nor a piece of wood left about it.

There were no bad burns, but influenza had been raging and, with the recent exposure and overcrowding, pneumonia was a frequent complication. Pneumonia cases were sent to the hospital. Having a doctor and a nurse was a new experience to these settlers, for the nearest doctor had been at Moose Lake, sixteen miles away. There was not even a midwife in the country; husbands usually gave care during confinement, though occasionally an older woman would come in. Many of the children appeared under-nourished, with bad tonsils and adenoids. There were poor teeth among old and young, for a dentist was almost unknown. Impetigo and pediculosis were common. One mother attributed it to the fact that ever since her baby was three weeks old it had had a Finnish bath until now, when it had been six weeks without one. These bath houses are small, two-roomed frame buildings built 100 feet from the house. The outer room is used as a dressing room, the inner is the bath. It has benches along the side, sometimes in tiers. The fire is built in the middle of the room (which is without a chimney) and stones are piled on top. When the stones are red hot, water is poured on and a steam bath is enjoyed by the family.

Their education seemed deplorably neglected. In one family of eleven children, none had ever gone to school more than two months and not one could understand or speak English. The father of this same family died two years ago. They had been burned out, and just before I came an eighteen-year-old girl died of pneumonia after giving birth to an illegitimate child. Annie, aged nine, had broken her leg three years before. A neighbor had set it but, after the second fall, the mother said he failed to get it back in place. The knee has a severe contracture and she walks with a crutch. The Red Cross has planned to send her to Minneapolis for orthopaedic care.

Farther back in the woods lived a married daughter, who was pregnant. One rainy morning the driver (who could speak Finnish) and I started out to see her. A bridge was burned out and we thought we might get through a meadow but got stuck half way across the little stream. There was nothing to do but walk—three miles. We could just see their house and from there one of the boys was our guide, through the woods, over burned trees, through swamps without even a path. At the end of this long walk was a clearing of a few acres, with a new-built shack. Here we found three small children clinging to their mother, who was coughing and had a slight temperature. She was anxious to be sent to a hospital for confinement and wished to walk back with us. I wouldn't let her take the chance. Two days later, however, she appeared in the office, having walked

over a mile, then ridden to town in a lumber wagon. She went to the hospital with pneumonia and when I left the baby had not yet arrived.

At the end of three weeks the health situation was very much improved. The doctor left and medical aid was sent from Moose Lake. Then I was transferred to Duluth.

II.

EMERGENCY HOSPITAL SERVICE AT CLOQUET AND VIRGINIA, MINNESOTA

BY VILMA STOLTENBERG

Upon my arrival at Moose Lake I soon learned that nurses were needed for hospital duty, that very little could be accomplished through visiting nursing as the patients lived in the country, and there was no means of transportation, as the few Red Cross motors were used for hauling supplies and transferring patients and refugees. After a twelve-hour stay at Moose Lake, I was transferred to Cloquet, a town located about twenty miles south-west of Duluth. The population of Cloquet had been nine thousand; now, to a stranger, it had the appearance of a village of two hundred. The fire left the city a complete ruin.

Aside from a few business men, the people are Finnish, very few speaking English. They are stolid, uncommunicative, and difficult to work with. The laboring class were employed mostly in the saw mills.

The fire victims had already been taken care of, but it was their families that were now suffering from influenza. All the homes in the city had been burned, families were living in the neighboring towns, and most of the illness was in the country homes, every remaining home in the country being crowded to the utmost. The two buildings left in Cloquet were the jail and the school house.

The school house served as an emergency hospital. Class-rooms were turned into wards and cloak-rooms were used as private rooms. There were shower baths and toilets in the basement only. Later toilets were installed on each floor and faucets were attached to the drinking fountains so that cold water could be obtained on each floor. An electric heater was used on the second floor for heating liquids and keeping food warm. The ventilating system proved very difficult and unsatisfactory. The system would only work when all windows and doors were closed. This was impossible, for there were many children to be watched and we could not close the doors. With the windows open, the draft was too strong.

NO MAN'S LAND COULD NOT HAVE LOOKED MUCH WORSE

HARDLY A HOUSE WAS LEFT STANDING

REMAINS OF A ONCE PRETTY STREET

SCHOOL HOUSE—SERVING AS HOSPITAL

The daily number of patients was 54, with five graduate nurses, two pupil nurses and five aids giving care. The National Guards served as orderlies. The aids were mostly elderly women giving their services. The one physician in town was overtaxed, so the Red Cross sent three senior students of medicine, as internes and to make calls in the country homes.

The patients' clothing was very much soiled and badly worn, as they had only the clothes they were wearing. The Red Cross supplied clothing to all home-going patients, so that every patient leaving the hospital was warmly clothed.

Good meals were prepared by the army cook. The patients, however, did not approve of the food. The Finnish people prefer very heavy food, such as fried potatoes, salt pork and salted herring. Any relative that was called to the hospital was given board and lodging at the hospital, as the restaurants and hotels had not been rebuilt.

Many of the survivors had gone to the neighboring towns for the winter but planned to return in the spring to rebuild their homes; others were already building little temporary shacks. The city was making an attempt to care for its own destitute, building shacks for them, supplying them with food and clothing, obtaining work for those that were able to work. The Red Cross sent in a call for volunteer drivers, therefore automobiles were on call for visits to the sick, for taking the recovered patients home and for meeting all trains.

The school house served very well as a hospital, although it was easy to see that it was not built for that purpose. The nurses occupied one class-room, with cots for beds, no shades on the windows, not a hook for hanging clothes nor any tables in the room. The meals for all were served in the mess hall. Each worker had a day off weekly.

While I was on leave at Duluth, an urgent call came for a nurse for the Emergency Hospital for influenza at Virginia, on the Iron Range, so I was transferred. The Iron Range was not in the fire district, but in order to reach Virginia one must cross the fire district. The fire had been very treacherous, perhaps due to the strong wind. It was noticed in several instances that on farms all the buildings but one, both large and small, would be wiped away and the remaining building left unharmed, not even discolored. The Iron Range was a barren-looking country covered with brush. The mines had hospitals caring for the miners; it was the woodsmen and the young working women that were left uncared for.

On arriving at Virginia I inquired of the policeman as to the location of the emergency hospital. He couldn't tell me but was sure if I went to any hotel they could tell me. The emergency hospital was the

South Side grade school. Dr. A., a woman physician, was sent by the Red Cross as attending physician, taking charge of all cases in general and making outside calls when necessary. The home guards as orderlies, aids as assistants, and two graduate nurses, in twelve-hour shifts, managed the nursing care. The aids were teachers; all the teachers helped during the epidemic, if they were not needed in the hospital, they were sent into the homes. Many of the teachers had not taken the first aid course, but were very eager to learn; nothing was too hard or too disagreeable. The domestic science teachers served the food, and several who did not feel able to work over patients were telephone operators. The home guards, ranging from dentists and office men to garbage collectors, assisted very willingly. Many were married men who were not afraid of contracting influenza, but were afraid they would carry it home to their families. The masks and gowns were worn by all hospital workers.

The food was amazingly good. The domestic science teachers took charge of the cooking and prepared all meals for patients as well as for the staff. Meals were served to the patients by the orderlies. The city was very generous with supplies, especially so with linen and blankets.

The number of patients in the hospital averaged thirty. The hospital was opened November 15th and closed December 19th. The total number of patients was 148, with 13 deaths due to pneumonia. Many patients were brought in from the woods in a very serious condition. Epistaxis was very common among the influenza cases, especially so in children. The police ambulance and car were always at our service.

The hospital consisted of two floors and the basement. All the desks were removed from the class-rooms, which were used as wards. The cloak-rooms could not be used, so we had no private rooms for very ill patients. The patients were mostly foreign-born, few were able to speak English.

The nurses and aids slept at the hotels. One hotel objected to taking in anyone who was taking care of the sick; it was losing its customers. The aids who were rooming in homes were forced to go to the hotel. The city paid the expenses at the hotel for the aids. There was no illness among the nurses or aids.

The community work was very difficult; the distances were so great and the roads in such poor condition that one could make very few calls daily. We learned later that the fire had burned over 1,500 square miles of territory. Nearly 300 people were killed and 12,000 made homeless.

GOOD HEALTH AND ITS RELATION TO EFFICIENCY AND ACCIDENTS

BY NORA A. O'BRYAN

Good health is dependent upon two factors, heredity and environment; the former we have no jurisdiction over, the latter, however, is very much under our control. Any one who has gone deeply into the question of health in its relation to efficiency can realize the loss occasioned by lack of knowledge of the simplest rules of hygiene, for lack of proper air conditions causes drowsiness, discomfort, headaches and leads to devitalized bodies, which become easy victims to accidents and diseases. Only when we remember that no one can live for more than a few minutes without it, do we realize how essential and important fresh air is to life.

Maximum output cannot be obtained in any plant unless the workers are healthy, happy and contented, also the man and the job must fit; there must be the right man for the work as well as the right tool and the right raw material; it is not as much the waste of power, or machinery or material, as it is the waste of misplaced workers. The personality of the worker should be studied, as well as the productiveness of the plant, for the surest and safest way to success is through healthy, happy and contented workers.

Good health is important not only to workers, but to factory efficiency, which should not be confounded with energy, for the reason that misdirected energy is the most universal of all industrial wastes. It is not slavery or slave driving, for the reason that one of its main benefits is to elevate and profit the wage workers, not degrade or oppress them and no improvement in any industry can be made permanent unless it helps the worker as well as the corporation. Hence all measures which tend to improve the health and working conditions of the worker are not only of great benefit to the worker himself, but to the employer and industry.

Before the war, fatigue and its relation to health was the subject of many investigations throughout the country. It was found that an individual could not work long hours and maintain the maximum efficiency and, in the long run, the practice was unfavorable to both employe and employer. Methods devised in many places to speed up the output of industries are bound to have a reaction, not only on the output, but on the individual.

Physical fatigue from the standpoint of preventive medicine must be given careful consideration as one of the important factors tending to lower blood and tissue resistance, leading to infectious diseases and especially infections associated with poor ventilation,

over-crowding, close contact and catarrhal infections, accompanied by coughing and sneezing.

Individuals vary in susceptibility to such infections and susceptibility seems to vary from time to time in the same individual. Age, exposure, fatigue, mental depression, digestive disturbances, lack of proper food and unsuitable clothing are important factors in infection and spread of disease.

Bodily upkeep must be maintained if we are to have factory output. Some things that aid the former are the avoidance of overeating and drinking, needless worry, undue excitement; the securing of plenty of sleep, right kind of food, only little meat in warm weather, relaxation, proper clothing and frequent bathing.

The next most important factor may be found in the physical unfitness of many of the workers who have not the physical strength for the tasks allotted to them; for instance, a person suffering from epilepsy is not the proper type of person to work around machinery, climb ladders, etc.; a worker with defective vision may become a victim to certain accidents which are easily avoided by a worker having good eye-sight. A person suffering from hernia is not to be entrusted with heavy work, while a worker having cardiac disease is not the proper person for laborious duties.

It is only natural to believe that when workers are accepted without a preliminary test accidents due to physical unfitness cannot be computed, and not until we fully realize that the force which turns out production is composed of human beings, not machines, or power, or money, will the conservation of the human race begin.

The larger number of accidents among foreigners, is certainly due not only to their lack of skill and ignorance of the trades, but also to their inability to understand the instructions given. Needless to add, no foreigner should be allowed to enter an establishment without receiving preliminary instructions in his own language in regard to the dangerous elements of the tools or machine he is to use, which will enable him to understand the details of his work and to avoid the pitfalls and dangers which lurk around the modern factory. The workman who is not properly warned and instructed, does not have a fair chance to protect himself from injury. It is only by constant supervision that the number of accidents due to carelessness, ignorance and to lack of personal care, may be lessened.

The education of workers and department heads, within the establishment, is part of this method of supervision and, other things being equal, good health included, forms the basis of accident prevention.

Such a system of education, however, must be thorough and comprehensive, in fact, the physical rejections of the draft brought out the point that education along this line should begin in childhood and be continued through all stages of growth. At the present time, little attention is paid in the public schools to industrial education and very little to vocational guidance and many persons enter trades for which they are entirely unfit.

A CHRISTMAS PARTY IN THE YARDS

BY ELEANOR McNOWN ERICSON

Field Supervisor, Chicago Visiting Nurse Association, in charge of the Welfare Department, Armour & Company, Union Stock Yards

In midsummer, when Christmas was far enough in the future to make it easy to be courageous, the idea of having a Christmas party for the children, seemed to us an excellent one. Earlier in the summer a beautiful pageant had been given by the office force, so we knew something of the resources and talent in our own family.

Everyone knows how little there is that is bright, or cheerful, or beautiful "back of the Yards," and as we cast about trying to think of something, we remembered a former Christmas party, and saw the possibilities for something for the children of the plant employes. The executives, whom we consulted, approved of the plan, we presented it to Mrs. J. O. Armour, who became very enthusiastic, was from the first a most interested and inspiring worker, and with Mr. Armour financed it.

Before presenting the plan we made a survey of the Plant and learned that there were more than 9,000 children under 13 years of age in the families of the employes. This was done through the timekeepers. Later general invitations were sent out and tickets issued to those who had given in their children's names. Admission was by ticket only. This survey gave us a basis upon which to figure the cost.

Early in November we chose our committee of six and divided the work. Dexter Pavilion, the International Amphitheater of the Union Stock Yards, the largest of its kind, was reserved early and our own decorator was in charge of the tree decorations and the

stage. He made one end of the big, gray amphitheater a veritable fairyland. The asbestos tree was seventy-five feet high and dazzling with lights. The stage was a large room with a chimney near the center and a child's bed at either side.

The entertainment was a pantomine lasting about one-half hour. Two children attired for bed first appeared, hung their stockings, danced about, and went to bed. They were scarcely asleep when a band of gnomes planning evil came dancing in, but they were driven away by a wonderful fairy who came out of the chimney place. Then came the thin music of sleigh bells and the children saw Santa Claus, his reindeers and sled in the distance, coming down over the snow. These were a piece of stage scenery pulled on a track above and behind the tree, from one side of the big stage to the other, but most realistic in appearance.

Upon his appearance, a wave of "Oh's" and "Ah's" arose, which was quite the most thrilling thing I have ever heard. When a gorgeous and huge truly Santa appeared in the chimney a few minutes later he brought with him a Dutch boy doll, set him down, went back and returned with a girl doll. The fairy touched each one with her wand, whereupon they came to life and danced. One after another, Santa brought out in turn a box with a French doll, a Liberty doll in red, white and blue, a beautiful Russian doll, each one of whom was given life by the fairy, danced her dance and returned to her box to be opened later by the children. Following these dancers were a lion, a giraffe, a monkey, and two little brown bears, who gamboled about the stage. A jack-in-the-box on either side of the stage and two white teddy bears furnished continuous amusement.

With the exception of four little girls the entertainers were all our own. The orchestra, the Glee Club, the girls' drum and bugle corps, the dancers, and the animals were home talent. Only the costumes and scenery were rented.

We bought and filled 12,800 stockings with candy, nuts, raisins, toys, apples, and animal crackers. This was done partly by the wives of our executives, partly by the office girls and partly by the plant girls. The Drum & Bugle Corps were plant girls, the orchestra and Glee Club from the office force.

We had a room fitted as a hospital; and two physicians and five nurses were in the audience. In spite of the fact that it was a cold, rainy night, the only ones who needed the room were two women who felt a trifle faint, one policeman, and a few lost children. The

stockings were given out by our own men as the children came in. The ushering was done by our own men with the assistance of a few policemen. There were a sufficient number of men to keep absolute order and though the performance was given in subdued light, the children had no time to become restless or disinterested and were quite the best behaved and most appreciative audience we have ever seen. To them it was fairyland. They sat entranced, and afterwards in telling of it, their faces became transformed. There is no telling how many we have convinced of the reality of fairyland.

At 7:30 when the party was scheduled to begin, 10,000 children and parents filled the amphitheater while a crowd waited outside. We decided to repeat the pantomine and after the first performance we emptied the house and re-filled it, having entertained probably 23,000 parents and children. The night was muddy and a bit rainy, but the crowd stood with wondrous patience for an hour, and then we began to admit them for a second performance. Judging from the crowd outside a third audience would have gladly filled the house.

At 11:15 we had eight lost children, three of whom were claimed a few minutes later, leaving us five to take home. We found the parents calmly awaiting them in all confidence that they were safe.

We spent many anxious moments before the party, but fortunately the only tragedies were the failures to get in. A better behaved, more cosmopolitan, both white and black, foreign and native born, clean and untidy audience would have been hard to find. We saw no hungry, starved, or unhappy children. Some were ragged, others quite frankly dirty, but the pinched, wan faces of three years before were either filled out as a result of the year of plenty or transformed by the Christmas spirit.

It was a very happy, joyous party, and the hundreds of ushers and other helpers shared the fun, as if they had not been working hard for many nights preparing for the panics, fires and other misfortunes which did not take place.

THE STAR CHILD

BY JUNE ANDREWS

Student, City Hospital School of Nursing, Blackwell's Island, N. Y.

EDITOR'S NOTE: The following story was written by one of the pupils in the City Hospital School of Nursing, Blackwell's Island, N. Y., during her preliminary term. The setting of the story is evidently inspired by one of the scenes in "The Blue Bird;" but inasmuch as the children found in the City Hospital represent the very poorest and are often even repulsive, particularly to beginners, it is interesting that a pupil nurse should have been able to acquire so early in her course the social viewpoint and the understanding spirit shown by this story.

The Mother-of-Love walked alone in the Beautiful Garden. Her eyes were downcast and her heart was very sad, for from the dim Earth-country had come a summons which she was most unwilling to obey.

It was not because this little human form was weak and lame that she hesitated. The Mother-of-Love had sent the most delicate flowers from her Beautiful Garden to just such pitiful earthly homes before; she had given them willingly, yes, gladly, because she knew that these little ones were always more tenderly loved by their earth mothers than those who were straight and strong. But this time it would be very different, for this Earth-mother would not care. She would have loved him only a little if the soul of her first-born had dwelt in a body both strong and beautiful, but she would care not at all since the little body was weak and lame. True, this was the fault of the Earth-mother herself. It was just because she had been too selfish to live simply and wisely, but she would never think of that.

These were the thoughts which saddened the sweet-faced Mother-of-Love as she walked alone in her Garden at the close of day.

Her heart did not grow lighter when the children joined her there, the fair, pure souls of the children-who-are-waiting-to-be-born. These were the lovely blossoms which grew in the Beautiful Garden and as she looked into their happy faces, the Mother turned sorrowfully away.

"If only this Earth-mother cared," she murmured. "If only this Earth-mother cared."

And then there came a comforting thought to the Mother-of-Love. She left the children at play in the Beautiful Garden and went to the Father-of-Heaven where he walked alone in the twilight of the silent Temple Court.

Even before she spoke, He read the story in her troubled face.

"What shall I do?" she pleaded. "I cannot choose, indeed I cannot choose."

The Father's eyes grew stern. "You need not choose," He answered gravely. "Tell the children the story and if one wishes to go, you may send him, but if not, no one shall go."

Joyfully the Mother-of-Love returned to her Garden. She felt sure that when the children heard the story no one would wish to go, and she was very glad. The children crowded near, for they knew that she had come to choose the one who should answer this summons from the dim Earth-world of which they dreamed. Usually the Mother-of-Love smiled down upon them, then lifted the Chosen-One in her strong arms and gently sent the disappointed ones away, but this time she called them all to her in a quiet place.

Their eager, expectant faces did not change as she told them of the pitiful deformed body, which the Chosen-One must wear. They did not mind that, for they knew that the Earth-mothers always loved their little lame children best, but this time the Mother-of-Love told a stranger story.

"This Earth-mother does not even want you. She does not care."

The faces of the children who-are-waiting-to-be-born grew pale. No one wished to be the Chosen-One now, and in the anxious silence, the Mother spoke again. "That is why I cannot choose one of you. The Father-of-Heaven does not wish me to send one of you to an Earth-mother who does not care—unless someone really wants to go.

There was a long pause, then Elaine-the-Eager looked up with an awed face. "I thought *all* Earth-mothers loved their little lame children," she whispered. "Not quite all," answered the Mother-of-Love.

Elaine slipped away into the evening shadows and one by one the other children followed. Only two or three who paused to look back wondered at the sorrow in the face of the Mother-of-Love as she thought of the Earth-mother who did not care.

At last the Mother also turned to go and as she went, one child, the fairest of them all, came back and stood beside her. His face was flushed like the cloud-mist at dawn and his eyes glowed with a wonderful light. The Mother-of-Love caught her breath in swift dismay. "Not Alfred, the Star-Child," she whispered. "I could

never let *him* go." "If no one goes, will the Earth-mother care?" the Star-Child questioned. "No," answered the Mother-of-Love, "if no one goes, *she* will not care." "But she needs one of us?" the Child insisted.

A vision of the selfish vain little Earth-mother rose before the Mother-of-Love. "Yes, her need is immeasurable, but she does not know." "Then," pleaded the Star-Child, with shining eyes, "Send me, O Mother-of-Love, I will help her to know."

SOME SIDE LIGHTS ON THE INFLUENZA EPIDEMIC

In our January issue we called attention to the fact that in certain quarters there had been criticism of the attitude of some nurses during the influenza epidemic. We are very glad to be able to publish the following letter from a Public Health Nurse who is herself suffering from the strain of work during the epidemic—a letter which surely requires no comment.

My dear Miss Crandall:

I have just finished reading the January number of the PUBLIC HEALTH NURSE. I had no intimation of the fact, until now, that we nurses were in any way criticized or considered wanting in the fulfillment of our sacred duty during the recent epidemic. No doubt, there must have been, there were nurses who took advantage of the situation to their own selfish end, and we deplore this fact and decry their action; but we may say that they were very, very much in the minority. I haven't met one. I did meet a number of "private duty" nurses in our hospital, who "specialed" two or three influenza cases, worked hard for twelve hours each day, and received $25.00 per week, which amount was divided among the two or three patients as the case happened to be. We all know very well that these nurses could have easily collected at least double that amount under the circumstances. None of the nurses with whom I came in personal contact seemed to shirk. There were some who had told me that they "wouldn't do hospital work for any amount" —and they answered the call of the superintendent of nurses, when she needed them, and they worked on the wards like probationers used to work when I first went into training, but with the skill of a fully trained nurse!

The nurses of the different public health organizations of this city were taxed beyond the limit. By the time the epidemic was on the wane some of them looked so worked out they could scarcely be recognized. I remember one nurse, one of the Instructive Visiting Nurses. She was a handsome woman, nearly six feet tall. I met her at one of those pitiful places where every member of the family was stricken. The father was in our hospital, very ill, and, as in all such cases, I visited the family, finding the other five members also ill with influenza. I went away to make arrangements to send them to some hospital, ours was full, and returning found Miss Hedges there. She and I prepared the mother and four children for the ambulance. She said to me: "I am wondering how much longer I can keep up. I am so tired

when night comes, so tired." We small reeds merely bend when the gale comes, but the big, splendid tree breaks—Miss Hedges made the supreme sacrifice. . . . Could any hero in the field of battle have done more?

When distressed calls for medical aid began to come to us on the 25th of September, there were only two of us taking care of the Social Service Department and Dispensary, a Social Service worker who is not a nurse and myself. From that day on until the 24th of October I made 300 calls and looked after 197 patients who had no other medical aid. Of this number only 16 could eventually be sent to hospitals, as they were all and constantly overfilled. I carried medicines and other supplies to these patients, gave them baths and alcohol rubs and other treatments, washed their dishes, swept their floors, helped the ambulance drivers to carry them to the hospital, tried to calm their fears. They *all* recovered.

When the phone rang at night, I knew it was another call: "We can't get a doctor. Can't you please come?" Sometimes I thought I couldn't, but went anyway.

We nurses who tried to do our best do not want any Distinguished Service Medals, but we *do* want to be considered by God and men what most of us tried to be: Good and faithful servants.

Sincerely yours,

ETELKA WEISS,

(Director of Social Service, Hebrew Hospital, Baltimore, on leave of absence)

For the State of Kansas the three months' toll of death from influenza, lobar pneumonia and broncho-pneumonia, including deaths occurring at Camp Funston and Fort Leavenworth, was 6,570, according to statistics compiled by the Kansas State Board of Health. Topeka, with its accredited population of 60,000, having gone through a second wave of the epidemic, with closing orders issued against its schools, business establishments, churches and places of amusement, gladly coöperated with the Board of Health in an effort to stamp out the epidemic.

At a meeting of the Chamber of Commerce, City Board of Health and the Public Health Nursing Association, the plan of an Industrial Nursing Division was adopted, and the firms of the city carrying a payroll of ten or more employees, agreed to finance the division under the management of the City Board of Health, Industrial Nursing Division, Mrs. C. C. Bailey, Supervisor. It was estimated that the cost pro-rated among employers would not exceed 20 cents per month for each employee.

The plan of Industrial Nursing provides for the employment of a force of trained nurses by the Topeka Health Department. A nurse is assigned to certain territory and makes regular visits to the business

establishments in her territory. If there is a worker who is sick or indisposed, the nurse advises whether he shall continue work or not. If an employee is absent by reason of sickness the nurse may call at the home and give valuable advice and assistance. If the case be contagious then the nurse advises the proper steps for the protection of the family and the precautions that should be taken in the business establishment.

The Commissioner of Health sent out a letter announcing the Industrial Nursing plan, as follows:

LETTER OF ANNOUNCEMENT

Topeka, Kansas.

Spanish influenza has subsided but it has not disappeared. The best opinion of the medical profession and health authorities is that several recurring epidemic waves may be expected during the next year or longer period.

The Topeka Health Department has undertaken a campaign for the early detection of this and other epidemic diseases by means of Industrial Nursing, which comes in daily contact with the employees of business houses and provides for a daily health inspection.

Added to this will be an organized campaign to place health instruction in every home in the city to familiarize the people with precautionary measures and to assist in early detection. The physicians of Topeka have endorsed the Industrial Nursing and home instruction plan and they will coöperate with the Topeka Health Department in this work.

Industrial Nursing is for the benefit of the employer and the employee. "Constancy of force" is of great value to the employer. "Steadiness of work" is of great value to the employee. Efficiency depends upon personal health. It has been shown that the Industrial Nursing plan increases the working time of the individual employee.

The plan affords the Industrial Nurse opportunity to help in keeping the city healthy and to combat epidemics, as the nurses come in contact with large numbers of people from all parts of the city and representing many and varied industries.

Industrial nursing will be provided by the Topeka Health Department for the general good of the business section of the city at the cost of the service. It is estimated that the cost will not exceed twenty cents a month for each employee.

Every employer is urged to call an Industrial Nurse at any time help or advice is needed. Telephone 895, Topeka Health Department, and ask for the Industrial Nurse. We urge you to feel free to make such calls at any time.

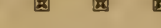
It is characteristic in times of peace not to think of war—but it is always well to prepare at such times for conflict. In times of health we must prepare for sickness—and now is the time for Topeka to prepare for a recurrent "flu" epidemic or other contagious disease—and Industrial Nursing will help in this preparedness if the employers in Topeka will give their coöperation to the work.

Very truly yours,
(Signed) W. L. PORTER,
Commissioner of Health.

The Industrial Nursing Division was begun December 23, 1918, employing five nurses and a supervisor. It has received the highest endorsement of the physicians of Topeka and the most commendable coöperation from the employers and employees.

The Topeka Health Service Bulletin, issued from time to time, is distributed by the Boy Scouts in the residence section of the city.

The Industrial Nurses keep a record at the general office, using the standard Day Book and History Card. During the month of January a total of 1,349 calls were made, covering 43 firms representing 3,700 employees. A total of 1,120 calls were made at business offices, 150 instructive and investigative, 94 nursing; 186 employees were examined, 12 sent home and 30 referred to physicians.



We have received the following letter from Miss Merlin Wilkins, of Madison, S. D.:

Like most Public Health Nurses, I have had an experience with influenza nursing that I think has some points that differ from other cities.

Madison is a city of little over 4,000 population, located in a farming community. The Public Health Nursing work was started Oct. 1, 1918, and in a little over two weeks the state was quarantined and all schools closed. As the work was so new, the home nursing part was not developed, hence I found myself on a full salary and no work. I offered my services as Superintendent of an Emergency hospital, and my board offered to give my full time to any influenza work. The Red Cross, City Council, and County Commissioners joined in supporting an Emergency Hospital. For five weeks we used the dormitory at the State Normal School. Then, in order to permit the Normal to resume its work, we moved to an old residence. The patients were brought in from all over Lake County. A great many were farm hands, who had been husking corn, and who had pneumonia. We treated 175 cases, with four deaths. The epidemic here began in October and has come and gone in waves ever since and we still have a few cases. The death rate for the County has been light, due to the fact that we were able to get hospital care for the patients that could not be properly cared for at home.

The nursing has been carried out along the lines of strict contagious nursing. I had the privilege of working in the Durand Memorial Hospital in Chicago, so carried out the instructions learned there.

All nurses wore caps, gowns and masks all the time while in the patients' rooms. Patients wore masks whenever nurse or doctor was working over them. All dishes and glasses were washed thoroughly as soon as taken from the room. Among the graduate nurses that worked in the hospital there was very little sickness; a few of the amateurs took the influenza. Much of the nursing was done by untrained women. I wish to go on record as one that has used untrained help successfully in this work. Some of the young women

that never helped before took excellent care of very sick patients; not only has the benefit been in the hospital, but, according to our best doctors, many homes have profited by the methods of nursing and it is much easier to isolate a person in the home than formerly.

One point in our work that I have noted particularly is the diet. We have given our patients, except the very sickest ones, a full diet all the time, even forcing some patients to eat. We find in this way that when the patients get better they are not so weak. Our menu is somewhat as follows: Breakfast, cereal, toast, fruit, and occasionally bacon and eggs. Dinner, meat, potatoes, gravy, vegetable, dessert, bread and butter. Lunch, soup, crackers, fruit, bread and butter, cake with boiled rice, potato patties etc. We have no case that has suffered by being overfed.

This work has somewhat interfered with my regular work, but my board feel really well paid for the work. It has interested doctors and lay people in the public health work in a way they would not have been interested for some time under ordinary conditions.

THE PUBLIC HEALTH NURSE AS SOME PEOPLE SEE HER

That the value of the *trained* Public Health Nurse is coming to be fully recognized by many whose recognition carries much weight is shown by the following statements which have recently come to our attention. The first statement was made by Surgeon General Rupert Blue, and is published in a Bulletin recently issued by the U. S. Public Health Service, entitled "The Public Health Nurse and Venereal Disease Control;" it is of especial interest because it is founded upon the practical results of the public health nursing work carried on in the Extra-Cantonment Zones.

"For the first time in its history the United States Public Health Service, during the recent war, organized a division of public health nursing. The work which these nurses performed was of inestimable value. It is not too much to say that without their aid our success in keeping down sickness in the extra-cantonment zones and in making the venereal disease rate in our army lower than that of any other army in modern times could not have been achieved. In continuing our general campaign for health, and this special fight against venereal disease, we depend upon the continued assistance of Public Health Nurses.

"Behind these Public Health Nurses we hope to have the sympathetic understanding and support of all the women of the country. We believe that we will have this when it is realized fully what the nurse accomplishes for her community.

"We depend upon the women of the nation not only for understanding and support, but we depend upon them to encourage young women to take up the profession of the Public Health Nurse, and to insist that hospitals provide training for nurses in public health service, including work in venereal diseases.

"In backing the Public Health Nurse, the women of the nation will be backing one of the most vital agents in the struggle against the diseases which threaten the health and prosperity of all of us, and the very life of our children, which is the life of our nation."

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These further quotations have each a particular value of their own:

"Any public health organization, from the smallest to the largest, which does not avail itself of the assistance of public health nursing, in my opinion, is lamentably behind the times. More intelligent service, in quality and in quantity, can be secured for the money expended through the employment of Public Health Nurses than in any other way. When I say "Public Health Nurses," I mean Public Health Nurses. The exigency of the present emergency has called into the field, as visiting nurses, women who have no special qualification or training for their work and who, although doing their best to meet the situation, in some cases at least, are actually discrediting the trained Public Health Nurse. The Public Health Nurse is especially useful in furthering a modern system of control of communicable diseases and in the activities associated with child hygiene and infant welfare."

—Christopher G. Parnall, M. D.,

Medical Superintendent and Director of the University Hospital, Ann Arbor, Mich., in "Comments on the Work of a Well-Organized Health Department," published in *Public Health*, monthly bulletin of the Michigan State Board of Health.

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"In Yellow Medicine County we have a county nurse. Every county in the State ought to have the services of a county nurse."

—J. P. Slettedahl.

Superintendent of Wood Lake Consolidated Schools, in a letter regarding the Nursing Service of the Minnesota Public Health Association; republished from the Journal of the Association, for February.

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"Each day it is becoming clearer to health authorities that the Public Health Nurse presents the key to practically every one of the so-called problems in preventive medicine and hygiene."

—Robert G. Paterson, Ph. D.

The following is interesting because it shows what one Public Health Nurse thinks of her own profession:

"To the Public Health Nurse comes a reward that is all her own. To see indifference give way to genuine interest and support of her work, to find health conditions improved in the town, to find large numbers of defects corrected among the children, to find the teachers embracing her teachings and interesting the children in good health habits, to see as never before a better understanding and appreciation of what good health means—all of these things are encouraging beyond expression and make her feel that her work has been worth while."

—Emma Peterson, R. N.,

Goodhue County (Minn.) Nurse, *Minnesota Public Health Association Journal.*

ACTIVITIES OF THE NATIONAL ORGANIZATION

MISS CRANDALL'S TRIP THROUGH THE MIDDLE WEST

As most of our readers know, previous to the war Miss Crandall spent much of her time in visiting various parts of the country in order to stimulate public health nursing activities and consult with those who were anxious for the advice and help of the National Organization. During the war, however, her duties in connection with the Committees on Nursing of the Council of National Defense have made it impossible for her to carry out such itineraries. Miss Crandall is now back at the New York office and has again been able to undertake work of this kind, which constitutes one of the fundamental activities of the Organization. She has just visited several cities in the Middle West, and we are glad to be able to give some account of her trip.

Miss Crandall spent February 25th and 26th in Indianapolis, the purpose of her visit being primarily to assist the Board of Directors of the Public Health Nursing Association in presenting to the trustees of the war chest in particular, and to the citizens of Indianapolis in general, the great importance of considerably extending the services of the Association, and, therefore, of the need of larger appropriations from the war chest. Miss Crandall met the Executive Committee of the Association at a conference luncheon; the Board of Directors and Advisory Council of the men of the Association at a dinner, at which she spoke; the staff nurses at an afternoon meeting; the student nurses of the Robert Long Hospital; and she also attended a Chamber of Commerce luncheon.

March 4th, 5th and 6th Miss Crandall spent in Cincinnati, especially in behalf of the National Social Unit Organization nursing service. One morning was spent in the district visiting the homes with the nurse, and one afternoon at a meeting with the City Nursing Council of the Unit. She was invited to attend and to speak briefly at a meeting of the Woman's Committee, Council of National Defense, where Mr. Courteney Dinwiddie, chief executive of the National Social Unit, spoke for the Public Health Council and Federation of Social Agencies, rather than for the Social Unit, in behalf of an influenza follow-up campaign. The purpose of this campaign is to register every citizen who has suffered from influenza, preparatory to providing medical and nursing supervision.

The organization of the public health nursing forces of the city is an important factor in this program. Miss Crandall also attended a conference of the Division on Nursing of the Public Health Council in behalf of the same matter. Seventy-eight Thousand dollars would be required in order to carry out this campaign; the War Chest Committee has not yet taken final action, but it seems very probable that the campaign will be accomplished.

During her visit to Cincinnati, Miss Crandall was entertained at luncheon by the public health nurses of the city, and was thus able to have a very pleasant visit with them.

Miss Crandall spent March 12th and 13th in Pittsburgh, where during the last six months great effort has been made toward the establishment of a Public Health Nursing Association, following the nursing study made by Miss Katherine Olmsted, last summer, at the request of the Women's Committee, Council of National Defense of Pittsburgh. The plan is to amalgamate the work of eleven existing agencies and to extend it by the addition of more nurses under the general leadership of the new Association; it further includes a mutually acceptable scheme of co-ordination with the City Department of Health, which maintains staffs of school and communicable disease nurses; and also with about thirty industries which employ industrial nurses within their plants, but do not furnish follow-up work in the homes. Special meetings were planned for March 12th and 13th, and for ten days previous to them publicity in regard to the proposed plans was carried in all of the seven papers in the city. A mass meeting was held on the 13th, at which the report of the committee appointed to study the situation and make recommendations was received and adopted *in toto*. Miss Crandall spoke to the Social Workers Club at luncheon; to the student nurses of the training schools in the evening; to the Chamber of Commerce; and at the mass meeting. She also held an informal conference and spoke informally for a few minutes to a few students of the Carnegie Institute or School of Technology, at the request of the Dean. An interesting feature of the plan in Pittsburgh is that both universities and the superintendents of the training schools are eagerly and almost impatiently waiting for this new organization to be thoroughly established and its work standardized, in order that they may all coöperate in offering a course in public health nursing to senior students. This plan is a definite part of the new organization's undertakings.

The acceptance of the plan at the mass meeting marks a most successful piece of work on the part of the committee which drew up the report, of the organizer, Miss Nan Dorsey, and of all those who have been interested in bringing about a co-ordinated public health nursing service in Pittsburgh.

PUBLIC HEALTH NURSING SCHOLARSHIPS

Certain officers and directors of the National Organization recently held a conference with Dr. Livingston Farrand and other representatives of the Red Cross, at which the latter was formally requested by the National Organization to furnish $150,000 for a scholarship fund to be awarded to nurses returning from military duty who desire to enter the public health field, but would otherwise be unable to avail themselves of special courses in public health nursing.

The Red Cross had already appropriated $30,000 to be restricted to those pledging one year of service under the Red Cross Bureau of Public Health Nursing. In response to the request of the National Organization, a further $70,000 has been appropriated, which will be administered by the Red Cross Department of Nursing, and will be awarded on recommendation of the Joint National Committee, or the Bureau of Information, or the Red Cross Division Director of Public Health Nursing. The amount of the scholarships will be $300 for a four months' course, and $600 for an eight months' course.

NOTES OF INTEREST

The National Organization has taken the initiative in a bill to the Board of Appropriations of the New York State Legislature, for the re-establishment of the office of Director of Public Health Nursing of the State Department of Health, which has been suspended for several years for lack of the necessary salary appropriation. This has been done with the hearty approval of the Health Commissioner, Dr. Hermann M. Biggs.

The New York State Department of Health has solicited the coöperation of the National Organization for Public Health Nursing in the production of a motion picture film on public health nursing, and has asked the Organization to share the expense of preparing such a film. The Organization has signified its willingness to consider this proposition.

CHANGES OF STATE REPRESENTATIVES

In our October, 1918 issue of THE PUBLIC HEALTH NURSE we published a list of State Representatives of the National Organization. Since that time there have been certain changes which we note below; we give only the name and address of the present representatives in those States in which some change either of representative or address has occurred:

STATE	NURSE REPRESENTATIVE.	NON-PROFESSIONAL REP.
Colorado	Olive Chapman, State Capitol, Denver.	Mrs. F. H. Touret, 903 Grand Ave., Grand Junction.
District of Columbia	Estelle L. Weeler, Resigned.	Mrs. Whitman Cross, 2138 Bancroft Place, Washington, D. C.
Idaho	Mrs. R. H. Hunter, Resigned.	Mrs. J. M. Taylor, Resigned.
Illinois	Vera B. Warner, 4517 Oakenwald Ave., Chicago.	Mrs. I. C. Wood, 315 Plymouth Ct., Chicago.
Iowa	Maud Reeder, 571 W. 4th St., Dubuque.	Mrs. R. W. McCreery, Resigned.
Kansas	Kate Williams Resigned.	Mrs. Olive Hastings, Atchison.
Michigan	Ada Coleman, Fourth Nat'l Bank Bldg. Grand Rapids.	Mrs. John W. Blodgett, Resigned.
Minnesota	Carrie M. Eppley, Resigned.	Mrs. J. Brandrup, Mankato.
Montana	Margaret Hughes, Box 928 Helena.	Mrs. Theo. Brantley, Resigned.
Nevada	Mrs. J. L. Lorah, Resigned.	
New Jersey	N. Florence Cummings, Red Bank.	Mrs. J. W. Cunningham, Resigned.
North Dakota	L. Mae McCullock City Hall Grand Forks.	Mrs. J. A. Poppler, Dennie Flats, N. 3rd St., Grand Forks.
Oklahoma	Mrs. Myrtle Conn, 425 Oklahoma St., Oklahoma City.	Mrs. R. H. Maxey, 413 N. Hickory St., McAlester.
Tennessee	Marie Peterson, University of Tenn., Madison Ave., Memphis.	

Texas	Mrs. Ethel S. Parsons, Southwestern Division, Am. Red Cross, Frisco Bldg., St. Louis, Mo.	Mrs. H. S. Mulliken, P. O. Box 110 San Antonio.
Vermont	Elizabeth Van Patten, c-o State Comm. of Education, Montpelier.	Bernice H. Tuttle, Rutland.
Washington	Grace Harrington, 77 Washington St., Seattle.	Dr. Maybelle Park, 90 7th Ave., Seattle.

LIBRARY DEPARTMENT

If you live in any of the following states and wish literature on community health problems, write to the library in your state and ask them to send you what you want.

All these libraries have the reprints of the National Organization for Public Health Nursing and the literature of these organizations:

American Child Hygiene Association
American Society for the Control of Cancer
Metropolitan Life Insurance Company
National Committee for Mental Hygiene
National Committee for Prevention of Blindness
National Tuberculosis Association
National Child Health Organization
Red Cross Institute for Crippled and Disabled Men

These libraries will also lend books.

Most of the libraries ask you to pay postal charges—which amount to very little.

Watch the magazine each month, using the lists of books and pamphlets as guides for requests to the library centers.

Do not forget that the National Organization reprints are *sold* only from 156 Fifth Avenue, New York City.

The following are the libraries from which you can borrow material:

Arizona	University of Arizona, Tucson. Miss Estelle Lutrell, Librarian.
California	Apply through local library.
Florida	The Public Library, Jacksonville. Mr. Lloyd W. Josselyn, Librarian.
Georgia	Carnegie Library, Atlanta. Miss Tommie D. Barker, Librarian.
Idaho	Idaho Free Traveling Library, Boise. Miss Marie M. Schreiber, Librarian.

Illinois	Library Extension Commission, Springfield. Miss Anna M. Price, Librarian.
Indiana	Indiana State Library, Indianapolis. Mr. Demarchus C. Brown, Librarian.
Iowa	Free Traveling Library Commission, Des Moines. Miss Julia A. Robinson, Librarian.
Kansas	University of Kansas, Lawrence. Miss Katharine Fogarty, Librarian.
Louisiana	New Orleans Public Library, New Orleans. Mr. Henry M. Gill, Librarian.
Maine	Maine State Library, Augusta. Mr. Henry M. Dunnack, Librarian.
Maryland	Medical and Chirurgical Faculty, Baltimore. Miss Marcia C. Noyes, Librarian.
Michigan	University of Michigan, Ann Arbor. Miss Edith Thomas, Secretary.
Minnesota	Public Library Commission, St. Paul. Miss Clara F. Baldwin, Librarian.
Mississippi	Agricultural and Mechanical College, Oxford. Miss Laura Hall, Librarian.
Missouri	Apply through local library.
Montana	University of Montana, Missoula. Miss Gertrude Buckhous, Librarian.
Nebraska	University of Nebraska, College of Medicine, Omaha. Miss Hallie Wilson, Librarian.
New Jersey	Apply through local library.
New Mexico	Raton Public Library, Raton. Miss Evelyn Shuler, Librarian.
New York	N. Y. State Medical Library, Albany. Miss Frances K. Ray, Librarian.
North Carolina	Bureau of Extension, University of N. C., Chapel Hill. Dr. Louis R. Wilson, Librarian.
North Dakota	University of North Dakota, Grand Forks. Dr. A. G. Long, Librarian.
Oklahoma	Agricultural and Mechanical College, Stillwater. Mr. Charles H. Stone, Librarian.
Oregon	Oregon State Library, Salem. Miss Cornelia Marvin, Librarian.
Pennsylvania	State Library, Harrisburg. Mr. Thos. L. Montgomery, Librarian.
Rhode Island	Rhode Island State Library, Providence. Mr. Herbert O. Brigham, Librarian.
South Dakota	Free Library Commission, Pierre. Miss Leara J. Lewis, Librarian.
Texas	University of Texas, Department of Extension, Austin. Miss Le Noir Dimmitt, Librarian.

Vermont	Free Public Library Commission, Montpelier. Miss Ruth L. Brown.
Virginia	Virginia State Library, Richmond. Mr. H. R. McIlwaine, Librarian.
Washington	University of Washington, Extension Service, Seattle. Mr. E. F. Dahm, Librarian.
West Virginia	West Virginia University, Morgantown. Mr. L. D. Arnett, Librarian
Wisconsin	Free Library Commission, Madison. Miss Jessie L. Wedin, Librarian.
Wyoming	University of Wyoming, Laramie. Miss Grace R. Hebard, Librarian.

School nurses who tell health stories to children will find the following books of value to them:

Lyman, Edna L.	Story Telling—What to tell and how to tell it. Chicago, McClurg, 1910. $ .75.
Shedlock, Marie L.	Art of the Story Teller. N. Y., Appleton, 1916. $1.50.
Cather, K. D.	Educating by Story Telling. N. Y., World Book Co., 1919. $1.60.

(Reviewed in *Survey*, February 22, 1919.)

BOOK REVIEWS AND BIBLIOGRAPHY

INFORMATION FOR THE TUBERCULOUS. By F. W. Wittich, A. M., M. D. C. V. Mosby Company, St. Louis. 1918. Cloth, 150 pp. $1.00.

"The author, a one time patient of no light infection, who was on the cure for more than two years but has since been enjoying good health while working steadily," has put in book form the weekly talks which he gave his patients while he was doing sanatorium work.

In a short introductory portion, Dr. Wittich describes the anatomy and physiology of the lungs, the action of the tubercle bacillus and of those secondary organisms which are so commonly found in connection with it, and calls attention to the fact that in many instances tuberculosis in the adult is the result of a "flare up" of an infection acquired in childhood. Here, also, he gives a brief but admirable description of the process of healing in tuberculosis, a proper understanding of which is very helpful to the tuberculous individual.

Always briefly and clearly, Dr. Wittich discusses the symptoms of tuberculosis, and the vitally important features of rest, food and air in the treatment of the disease. Subsidiary methods of treatment, such as that by drugs, tuberculin, induced pneumothorax, and the like, are considered and their proper place in the general scheme of treatment is indicated.

He gives hints on proper clothing, on sleep, on the control of cough, on the desirable mental attitude toward the disease and on the "cure chair." In connection with the last, the author might well have called attention to the fact that in many instances the patient's bed is more comfortable and more available, both by day and by night, than any reclining chair.

Exercise is given its proper place in convalescence and rules are laid down concerning its use.

In discussing the use of breathing exercises in the treatment of tuberculosis he agrees with those who hold that deep breathing, however beneficial to the normal lung, tends to interfere with the healing process in the tuberculous lung and is not in general advisable.

The precautions which should be observed by the arrested case receive adequate attention, and in connection with his consideration of exercises there is given a table showing healthful and unhealthful occupations for the arrested case.

Since Dr. Wittich received his training and inspiration at the Trudeau Sanatorium, his book is one which may be safely recommended to the tuberculous with the certainty of benefit from its perusal. Nurses and physicians, as well, will find in it many helpful suggestions.

G. W. Moorehouse, M. D.

The Well Baby Primer, by Caroline Hedger, M. D., is an attractive, well-illustrated pamphlet published by the Elizabeth McCormick Memorial Fund, 6 N. Michigan Avenue, Chicago. Its object, as stated by the author, is: "To get the message across in time to save the baby's life, and to bring the woman into American standards by teaching English." The primer is proving very popular with the mothers.

The Report of the U. S. Public Health Service for February 28, 1919, contains a clearly-stated and very interesting article on "A Unified Health Service," by B. S. Warren, Assistant Surgeon General of the Public Health Service.

The Minnesota Public Health Journal, published by the Minnesota Public Health Association, Old Capitol, St. Paul, Minn., offers many items of interest to Public Health Nurses. The issue of February 27 was a special Public Health Nurses' Number.

"The Public Health Nurse and Venereal Disease Control" is the title of V. D. Bulletin No. 43, issued by the U. S. Public Health Service.

The March issue of the American Journal of Public Health contains much of value and interest. Among the articles published are: "A Plan for a More Effective Federal and State Health Administration," by Frederick L. Hoffman; "Democracy and Public Health Administration," by Charles J. Hastings; "Public Health Nursing in the Extra-Cantonment Zone," by Mary E. Lent; "Reconstruction and the Child," by S. Josephine Baker.

Back to Mufti is the title of a magazine published monthly by the Repatriation Committee, 45 Rideau St., Ottawa, Ont., "to acquaint the public with measures adopted by government departments and voluntary organizations for the purpose of furthering Canada's successful progress from War to Peace."

The American Journal of Care for Cripples, Vol. VII, No. 2, 1918, contains a wealth of interesting information that all nurses should know. Among its contents are: "Reëducation from the Point of View of the Disabled Soldier," Grace S. Harper; "Occupational Therapy in Military Hospitals," Dean James G. Russell; "Social Responsibilities in the Rehabilitation of Disabled Soldiers and Sailors," Douglas C. McMurtrie; several papers describing work for disabled soldiers in France, Great Britain and other countries; and an inspiring appeal, "So Comes the Sacred Work," by John Galsworthy. Other articles, such as on the toy industry for crippled children, and on land settlement, make this number of peculiar interest.

City and State is the title of a magazine published monthly by the Baltimore Alliance and Women's Civic League, McCoy Hall, Baltimore. The issue for March contains amongst other articles, "First Steps in Public Health"—a plea for careful thinking in public health policy; and "Problems of Motherhood," which tells of a great clinic for women shortly to be founded in Baltimore.

The Journal of Industrial Hygiene is the title of a new magazine about to be published by The Macmillan Company. This journal will deal with all the problems of industrial hygiene and sanitation, and will also handle community hygiene, accident prevention, adequate medical and surgical treatment, compensation, insurance and mutual benefit associations, and reconstruction and vocational training of disabled employees. It will thus cover subjects of vital interest to medical men, industrial engineers, sanitation engineers, sociologists, welfare workers and educators, especially the vocational group, as well as subjects of interest to the leaders in both industry and labor. The Editor-in-Chief is David L. Edsall, A. M., S. D.

NOTES FROM THE FIELD

A CENTRAL HEALTH COUNCIL

An informal conference of certain national health organizations was held in the Library of the Metropolitan Life Insurance Company, 1 Madison Avenue, New York City, on Saturday, March 1, 1919, at 10:30 a. m., for the purpose of considering the recommendations and suggestions made in a paper read by Dr. George E. Vincent of the Rockefeller Foundation at the last annual meeting of the American Public Health Association in Chicago last December. The meeting was called by Dr. Lee K. Frankel, President of the American Public Health Association. This paper brought out the need of coördination of the various health organizations in the United States.

The following representatives of health agencies were present:

Dr. W. H. Welch, American Social Hygiene Association.
Miss Mary Beard, National Organization for Public Health Nursing.
Mr. Curtis Lakeman, American Society for the Control of Cancer.
Dr. E. L. Fisk, Life Extension Institute.
Dr. Lee K. Frankel, American Public Health Association.
Dr. W. C. Woodward, American Public Health Association.
Miss Haviland (representing Mr. Powlison), National Child Welfare Association.
Dr. S. Josephine Baker, Child Health Organization.
Dr. C. J. Hatfield, National Tuberculosis Association.
Dr. Livingston Farrand, American Red Cross.
Mr. Lawrence Veiller, National Housing Association.
Mr. A. W. Hedrich, American Public Health Association.

It was the sense of the meeting that coördination was needed, some of the reasons being, the overlapping of certain agencies, and especially the lack of well rounded out programs.

After discussing the matter thoroughly it was resolved that the organization of a Central Health Council was deemed both desirable and feasible; it was understood that such a council should be composed of representatives of national health organizations.

It was voted that such a council be formed, with Dr. Frankel as chairman, with power to appoint a sub-committee to prepare a plan of organization for the Council, and that a meeting of the Council be held at the call of the Chair.

It was voted that the following organizations be invited to send representatives to the central health council:

American Association for Labor Legislation.
American Child Hygiene Association.
American Medical Association.
American Pediatric Association.
American Public Health Association.
American Red Cross.
American School Hygiene Association.
American Society for the Control of Cancer.
American Social Hygiene Association.
Association of Industrial Physicians and Surgeons.
Child Health Organization.
Conference of State and Provincial Boards of Health.
National Committee for Mental Hygiene.
National Organization for Public Health Nursing.
National Safety Council.
National Tuberculosis Association.
United States Public Health Service.

MEETING OF COMMITTEE ON PUBLIC HEALTH NURSING EDUCATION

At the conference of the Rockefeller Foundation on the training of the Public Health Nurse, held on December 16, 1918, Dr. Vincent was asked to appoint a committee to advise with the Rockefeller Foundation in regard to the problems involved in the education of the Public Health Nurse. The first meeting of the committee was held in the office of Dr. Hermann M. Biggs, 39 West 56th Street, New York City, Saturday, March 1, 1919, at 3 p. m.

The members present were:

Miss M. Adelaide Nutting, Teachers' College, Columbia University, New York.
Miss Lillian D. Wald, Henry Street Settlement, New York.
Miss Annie W. Goodrich, Dean Army Training School, New York.
Miss Mary Beard, National Organization for Public Health Nursing.
Dr. William H. Welch, School of Hygiene and Public Health, Johns Hopkins University, Baltimore.
Dr. Hermann M. Biggs, Commissioner of Health for New York State.
Dr. C. E. A. Winslow, Professor of Public Health, Yale University.

Dr. Livingston Farrand of the Central Division of the Red Cross was present as a guest.

Dr. C. E. A. Winslow was elected chairman and Miss Mary Beard, secretary of the committee.

The committee voted to invite Dr. Livingston Farrand, Dr. L. Emmett Holt, Mrs. John Lowman, Miss Julia Lathrop and Mr. Wickliffe Rose to serve as members of the committee.

After extensive discussion it was unanimously voted that if funds could be made available for a somewhat comprehensive survey of the actual conditions of public health nursing in this and other countries, and if the proper person could be found to act as Executive Secretary of the Committee, such a survey should be conducted as a preliminary to the Committee's report to the Foundation. The Chairman and Secretary of the Committee, with Miss Adelaide Nutting, were appointed as a special executive committee to interview Dr. Vincent as to ways and means.

THE COST OF A NURSING VISIT

A conference was recently held between representatives of several of the large visiting nurse associations and Dr. Lee K. Frankel, Third Vice-President of the Metropolitan Life Insurance Company, for the purpose of discussing the question of the cost of a nursing visit from the point of view of making such a visit available to the public. The conference was quite informal, but it brought out some very valuable principles concerning the cost of a nursing visit; and it was felt by those taking part in the conference that the discussion should start from the conviction that the lower the cost the larger the number of people who will be able to avail themselves of the service.

We hope, in an early issue of THE PUBLIC HEALTH NURSE, to be able to publish some helpful material in regard to this very important and difficult subject.

A BILL FOR THE PROMOTION OF PHYSICAL EDUCATION

During the last session of Congress a Bill was introduced "To provide for the physical education in the United States through coöperation with the States in the preparation and payment of directors, supervisors and teachers of physical education, including medical examiners and school nurses, to appropriate money and regulate expenditure and for other purposes." The purpose and aim of physical education in the meaning of the Act was set forth as follows:

"More fully and thoroughly to prepare the boys and girls of the nation for the duties and responsibilities of citizenship through the development of bodily vigor and endurance, muscular strength and skill, bodily and mental poise and such desirable moral and social qualities as courage, self-control, self-subordination and obedience to authority, coöperation under leadership, and disciplined initiative. The processes and agencies for securing these ends shall

be understood to include: Comprehensive courses of physical training activities; periodical physical examination; correction of postural and other remediable defects; health supervision of schools and school children; practical instruction in the care of the body and in the principles of health; hygienic school life; sanitary school buildings, playgrounds, and athletic fields and the equipment thereof; and such other means as may be conducive to these purposes."

An appropriation of money is provided "for the purpose of coöperating with the States and Territories in the preparation of directors, supervisors and teachers of physical education, including medical examiner and school nurses, through state normal schools and other state institutions in which teachers are prepared;" and a further appropriation is set aside toward paying the salaries of directors, supervisors and teachers of physical education.

The administration of the Act is provided for through the establishment in the Bureau of Education of the Department of the Interior of a Division of Physical Education, to be in charge of a director of Physical Education, detailed by the Commissioner of Education.

The Act further provides for the establishment in the Bureau of the Public Health Service of a Division of Child Hygiene "to be under the charge of a commissioned officer of the U. S. Public Health Service, detailed by the Surgeon General of the Public Health Service." The functions of this Division to be "to study and investigate the problems of child hygiene, to coöperate with State boards of health in medical research, field studies, and practical administrative demonstrations relating to the health of infants and children and to child-bearing, and to coöperate with the Bureau of Education, the Children's Bureau, and other recognized agencies dealing with matters related to the health conservation of children and mothers." There is also a section providing that "all the provisions made in this act which relate to school hygiene, including health examination and health supervision of school children and sanitary requirements of school buildings, grounds, athletic fields and the equipment thereof shall be administered in accordance with rules and regulations approved jointly by the Secretary of the Treasury and the Secretary of the Interior."

The Bill places medical inspection and school nursing mainly under Boards of Education, although, as drafted, it provides for coöperation with the U. S. Public Health Service and the Children's Bureau.

This Bill did not pass the last Congress; but a conference on Physical Education, held recently in Chicago and presided over by Dr. P. P. Claxton, Commissioner of Education, endorsed the program of State and Federal legislation as proposed in this preliminary bill; and another conference is to be held at the time of the meeting of the American Physical Education Association, of representatives of all organizations interested in the promotion of the Physical Education Bill, for the purpose of organizing a Federated Committee or Council to promote such legislation.

A PROPOSED NEW HEALTH BILL FOR THE STATE OF OHIO

A Bill has just been introduced into the Ohio Legislature which, if enacted, will make important changes in regard to health administration throughout the State.

The Bill provides for the division of the State into health districts, each city having a population of 25,000 or more at the last census, to constitute a *municipal health district;* and the townships and municipalities in each county, exclusive of any city of 25,000 population or over, to constitute a *general health district.* There may be a union of two general health districts or of a municipal and a general health district to form one general health district, upon a majority vote of the council of each district.

The Bill further provides that in any municipal health district the board of health shall appoint for whole-time service "A health commissioner, a public health nurse, and a clerk. It may also appoint additional physicians, public health nurses and other persons, within the classes fixed by the state civil service commission of Ohio." General health districts will also employ full-time health commissioners, and in any general health district "the district board of health shall upon the recommendation of the health commissioner appoint for whole time service a public health nurse and a clerk and such additional public health nurses, physicians and other persons . . . as may be necessary for the proper conduct of its work. Such number of public health nurses shall be employed as is necessary to provide adequate public health nursing service to all parts of the district. The board of health of each district shall provide such infant welfare stations, prenatal clinics and other measures for the protection of children as it may deem necessary.

It shall also provide for the prevention and treatment of trachoma and may establish clinics or detention hospitals and provide the necessary medical and nursing service therefor."

Section 11 of the Bill provides as follows:

"In addition to the duties now required of boards of health it shall be the duty of each district board of health to study and record the prevalence of disease within its district; to provide for the prompt diagnosis and control of communicable diseases; to provide for the medical supervision of school children; to provide for the free treatment of cases of venereal diseases; to provide for the inspection of schools, public institutions, jails, workhouses, children's homes, infirmaries and other charitable, benevolent and penal institutions; to provide for the inspection of dairies, stores, restaurants, hotels and other places where food is manufactured, handled, stored, sold or offered for sale, and for the medical inspection of persons employed therein; to provide for the inspection and abatement of nuisances dangerous to public health or comfort; and to take all steps necessary to protect the public health and to prevent disease."

A NOTE FROM MINNESOTA

Public Health Nurses are now legally available to all Minnesota. An act authorizing city and village councils, boards of county commissioners and town boards to employ Public Health Nurses, passed both houses of the legislature at the forty-first session, February 25, 1919. The bill was drafted by the Minnesota Public Health Association on the model of the bill which passed the Senate two years ago and was approved by all interested.

Section 1 of this bill provides: Every city council, village council, board of county commissioners and town board is hereby authorized and empowered to make appropriations for the employment of Public Health Nurses. Such nurses are to be employed from the list of nurses registered in Minnesota. It shall be the duty of such nurses to act in any one or more of the following capacities, as may be designated by the board employing them, as hygiene experts for schools or school districts within the county not already provided with regular medical inspection; to assist authorities charged with the care of the poor in guarding the health of such persons; to assist in discovering and reporting cases of tuberculosis and other communicable diseases; to act as visiting nurses; to perform such similar duties as shall be designated by the board employing such nurses; and to make written reports, through the board employing them, to the State and local Boards of Health in such forms and at such times as shall be pre-

NURSING CENTER IN THE 79TH STREET BRANCH OF THE HENRY STREET SETTLEMENT

The student nurses from the Manhattan Maternity Hospital are given field experience in maternity nursing at this center.

scribed by the State Board of Health. The board of county commissioners may detail any such Public Health Nurse to act under the direction of the county superintendent of schools, the county child welfare board, or the county health officers.

RANK FOR NURSES

The National Committee to Secure Rank for Nurses has issued the following statement:

The Senate Military Affairs Committee was unfavorable to the idea of attaching the Lewis-Raker bill for rank for nurses to the Army Appropriation bill as a rider. The Army bill has been reported to the Senate but has not yet been taken up. Many predict that it will fail of passage along with other important supply bills.

Although a further parliamentary means is still open to us to have our bill made an amendment to the Army bill, the move would have so little support on the floor of the Senate that it is not worth making. Our course might be different if the Senate were better informed as to the nurses' problem.

Our bill, then, has no further chance at the present session. Between now and the convening of the 66th Congress, in June or July(?), however, we should so complete our organization and align our forces as to be able to win. It is barely possible, too, that by that time the War Department will have decided on such a reorganization of the Army Nurse Corps as will greatly help our cause.

The thanks of the National Committee on Rank are hereby paid to all who have helped in this emergency.

A COMPLETE COMMUNITY HOUSE

The friends of the Henry Street Settlement will be interested to hear of the completion of the alterations and enlargement of its branch on East 79th Street, and they are cordially invited to inspect this neighborhood house, which presents many features of interest.

The original house at 232 East 79th Street was purchased by Mrs. Butler Duncan and Miss Catherine Bliss. It was opened as a neighborhood house and also as a branch center of the Henry Street Settlement's nursing service. These two public-spirited women thereby brought into existence the first out-post of the Visiting Nurse Service, that up to that time had been confined to the lower East Side—a service that since then has grown to include the three boroughs of Manhattan, Bronx and Richmond.

Because of the continuous growth of the general social activities for the community carried on in the 79th Street House, the need of enlarging the house became increasingly urgent. The affiliation of the nursing work with a complete maternity service offered in that section of the city, and the necessity of housing the nurses who are on night duty in this district created a demand that had to be met immediately. Last year the Henry Street Settlement purchased No. 234, the adjoining house, and during summer and fall alterations were in process.

The Yorkville community now has another very beautiful neighborhood house, offering educational and social opportunities and skilled care for the sick. On the ground floor is the sunny, white-walled nursing center, the gathering place for all the visiting nurses working in that section of the city lying between 50th and 100th Streets and between Fifth Avenue and the East River. This is one of the fourteen branch centers of the city-wide service of the Henry Street Settlement, and is distinguished by the fact that it is the district where the nurses give complete maternity nursing care in the homes, prenatal attendance at delivery, night and day, working in affiliation with a Maternity Center. During the past year 1624 mothers and 1124 new-born babies in this district were under the nurses' care; 614 deliveries were attended, and 28,962 visits made. It is very difficult to realize what figures actually mean, but perhaps these numbers will be more significant compared with the total number of babies born in Oshkosh, Michigan, last year, which was 794, and in Plainfield, New Jersey, 644.

In addition to the maternity work, the nurses doing general nursing in this district cared for 1,560 sick people, making 13,136 visits. Through the affiliation of the Nursing Service with the Manhattan Maternity Hospital, training in district maternity nursing is being given to students from fifteen different hospitals. These students come for a month's field work, and with the expansion of the 79th Street House, living accommodations are offered them there during their period of training, thus giving them opportunity to see the social as well as nursing aspects of community work.

The Maternity Center maintained by the Women's City Club is located just across the way from the 79th Street House, and its work is closely coördinated with that of the visiting nurses. It maintains an office where expectant mothers are registered, whether they are to be cared for in their homes by our nurses or sent to a hospital when their babies are to be born. Those who are to be confined in their homes are turned over to the Henry Street Settlement's nurses.

The portions of the house devoted to the recreational interests of its members reflects the Slavonic character of the community. The most interesting rooms in the house are those decorated by Mr. Reiss, a Hungarian artist, and his pupils. The lobby, the favorite gathering place for the boys and girls, men and women who make use of the house, has the beautiful blues and reds and conventionalized decorations so dear to the hearts of the color-loving Slavonic people. At the top of the blue painted stairs is the "Hungarian" room, built across the backs of the two adjoining houses, with a wide stretch of window facing south, through whose square panes and blue and white checked curtains the sun pours in. Painted cream colored walls, and woodwork and furniture in blues, reds and greens repeat the bright hues of the lobby, and upon the shelves of the built-in sideboard are arranged rows of gay colored plates of pottery, especially designed for the room. This room serves many purposes—the life of the house. It is used for the residents' dining room, and for entertainments, dances, social gatherings and educational lectures—though it may be that the audiences will find it hard to center their attention to the lecturer, with so much gaiety and color to hold their eyes.

Other rooms in the house are given over to clubs, classes, a billiard table and a printing press for the older boys and men, and to living quarters for the residents and pupil nurses. The really spacious back yard has been newly cemented and is an excellent outdoor gymnasium. The members of the clubs themselves contributed a thousand dollars toward the building of this and the installation of shower baths.

The administration of the 79th Street House is in the hands of Mrs. Jean Gordon Hanson, whose devotion and wisdom have made her a wonderful coördinator for the neighborhood and a staunch friend to all those who come to the house.

In anticipation of the opening of the new sections of the house, the Junior League, on February 19th, gave a very delightful entertainment, that money might be raised to equip suitably with sheets, blankets, etc., the rooms for the student nurses. The Slavonic decorations in the lobby and main room and the furniture for these rooms were the gift of Mrs. Walter Lewisohn, and the furnishings for the nursing center were the gift of Miss Mary Magoun Brown. Funds toward the purchase of the new house and its reconstruction were generously contributed by friends of the Henry Street Settlement especially interested in the development of that neighborhood.

PREPARING THE WAY

My Dear ———,

I wish you could have been with me this last week. I have had the most interesting time, and I have so much to tell you that I don't know where to start. I have been working in H——— Township with the principal of H——— School. I have had the District Superintendent all day today and have superficially examined thirty children of the second, third and fourth grades. Every day word is received from some of the mothers asking me to examine their children. Is that not worth while? Everyone has been so interested, and they are so anxious to get a nurse, and would like one right away. We have had tooth brush drills, handkerchief drills, and every day we hold a clinic. The first clinic was in the first grade in the High School. I took one pupil and examined him in front of them all. Teacher and pupils were all very much interested and asked me loads of questions.

I find the cards you sent so helpful in my clinic work. Today I had the seventh and eighth grades for clinic, and the children are already working on an essay on "Health Education." The Health Crusade work is started, but not in time for the Tournament, although I am sure that it will bear good results.

I am staying with some people who have two school children. We start out for the day and we have to take our lunch—in fact they all do, living so far apart and away from the school. Some of the children have to get up at 5 a. m. in order to get to school, and get home about 7 p. m. It doesn't give them much time to get in the 11 hours of sleep which the "Health Chore" card asks for. I have made it "9 hours" on the card.

I inspected lunches yesterday and gave a few suggestions. Next week they are going to start the hot lunches, for Miss A——— of the Home Economics Department comes Monday to talk to them about it. We accomplished that much.

They have a nice school house in H——— Township—well built, well ventilated and with chemical closets. The only fault is that there is no running water in the building, but the Board has considered this deficiency and has decided to put the water in.

I can't help feeling that my week in H——— has had results which are already showing. I can't say too much about the children. I love them all. They are so responsive, and I wish you could be around sometime and hear them talk to me and ask questions.

Thursday we had a meeting of the parents and the Improvement Society. The subject for discussion was "What is the best thing for us to do for our community?" They decided unanimously that they wanted a *School Nurse*. I am having them come to me from right and left to tell them about the work. Monday and Tuesday I am scheduled for D———, if the school is opened. A lady has asked me to her home to meet the different people interested in the work. I am very much impressed with her, for she looks at it from the broad standpoint.

I don't believe I can keep up with all the social work. Last evening I was invited with all the teachers and the principal and his wife to a dinner. We had a very enjoyable time and all these people want a nurse in the schools.

I was very much amused a little while ago hearing Professor C——— talking over the telephone to Mr. A———, asking if it could not be possible to have me a little longer. "You know," he said, "the people are realizing what a good thing it is, and now that she is going they are tormenting me to have the nurse see their child before she goes. Some of these very people made a fuss at the beginning; but they are gradually coming around and don't understand why their children were not examined." This is the situation in H———, and the sooner they get a nurse the better, to get results.

I can't tell you how much I am enjoying this work. It does seem worth while when you can see the results forthcoming.

MISS FOLEY GOING TO ITALY

Miss Edna L. Foley, Superintendent of the Chicago Visiting Nurse Association, has been called to join the Red Cross Tuberculosis Commission in Italy. Miss Foley is one of the most active Contributing Editors of THE PUBLIC HEALTH NURSE and we shall miss her very much while she is away.

Our most sincere good wishes go with her on her foreign service.

A SUCCESSFUL COURSE IN PUBLIC HEALTH NURSING

A class of thirteen nurses received their certificates in Public Health Nursing from the University of Minnesota on February 13. The course lasted for four months, was financed to a considerable extent by the Minnesota Public Health Association, and was conducted by the University Medical School with the coöperation of various educational and social agencies. The success of this first four months' course and its general importance has impressed upon the Public Health Association and those in charge of the Medical School the need and advantages of repeating it, and a second course opened on March 5.

A SERIES OF LECTURES FOR STUDENT NURSES

A series of lectures on Public Health and Social Problems, for senior nurses from accredited training schools has been given in Chicago recently under the auspices of the Chicago Tuberculosis Institute. The course was planned by Mrs. Theodore B. Sachs and has been very well attended, thirty-six accredited schools having registered their senior students for the lectures. Most of the nurses have been very outspoken in their pleasure at having been allowed to take the course. The lecture outline covered the following subjects:

History and Development of Public Health Nursing Abroad and in the United States.
Social Progress and Social Legislation.
Introduction to Social Work.
Special Features of Infant Welfare.
Child Welfare Problem.
Feeding of the Infant and Growing Child.
Problem of the Growing Child.
Problem of the Homeless Child.
School Nursing.
General Visiting Nursing.
Public Health Nursing in Rural Communities.
Industrial Nursing.
Tuberculosis.
History of the Anti-Tuberculosis Campaign and Organizations for Prevention.
The Need of Housing Reform in the United States.
War Housing in the United States.
Nursing of Mental Cases.
Hospital Social Service.
Theory and Principles of Public Health Nursing.

The interest of the students is evidenced by the fact that one group, after the last lecture, turned in twelve or more written questions to be answered by the lecturer.

A COURSE IN PUBLIC HEALTH ADMINISTRATION

Preliminary announcement has been made by the public health committee of the New York Academy of Medicine and the New York Bureau of Municipal Research of a practical training course in public health administration to be conducted jointly by these two agencies during a six weeks' period, commencing April 30. The first three weeks of the course will be devoted to lecture-conferences conducted by public health experts, and the last three weeks to field study and observation in and about New York City. This course is not intended to compete in any way with established courses in public health, but it is rather hoped that it will bridge the gulf between the educational opportunity afforded by the annual meeting of the American Public Health Association and the special courses of training. An outline of the course and a list of public health leaders who have promised to conduct lecture-conferences is published in the Weekly Report of the U. S. Public Health Service, March 7.

A "LET'S GET ACQUAINTED" PARTY

At a recent Board meeting of the Providence District Nursing Association, a question by one of the Directors aroused immediate interest. This question was to the effect—"Wouldn't it be profitable if there could be some way through which we could get to know our nurses a little better? As it is now, we are in touch with them only through reports of sub-committees. Through the lack of personal contact and acquaintance we lose not only the pleasure but opportunity of a friendly nod of encouragement as we meet daily on the streets. In other words, isn't there something a little more human that the Directors could do for the Staff to help build up the *esprit de corps* in the organization?"

The Board consists of men and women about equally divided. This fact made it easier to decide on an informal program. A country dinner party was arranged, with entertainment by the members. The dinner was a progressive kind of affair with several opportunities of changing the seating through the use of small tables.

Following the dinner, community songs sung in chorus between dialect stories put everyone in good humor to enjoy the burlesque on "A Day in the Office" given by some of the nurses.

Here the Directors had a chance to judge in a way what the daily routine is like, and the Supervisors and Heads of Departments were reminded of what Burns might have had in mind when writing, "O wad some Power the giftie gie us, To see oursel's as others see us."

An auction of mysterious packages by the men of the Board helped to make it clear to the nurses that the Directors were human beings after all. Unless a vote had been taken it would have been a difficult matter to tell whether the Board or the Staff enjoyed the evening the most, and it was evident that all went home with the thought that if the first "Let's Get Acquainted" dinner party brought out such a spirit there certainly must be a second.

EXTENSION OF CHILD HYGIENE IN NEW JERSEY

Extension in the near future of the work of the Division of Child Hygiene of the New Jersey State Department of Health will mean the requirement of a number of additional nurses. It is necessary that nurses, seeking such appointments, be graduates of training schools in good standing and that they have some experience in the care of mothers, infants and small children, but the bureau will offer

opportunity to acquire this experience in the case of applicants who notify the Supervisor of Nurses six weeks before expecting to go on duty.

Nurses having a speaking acquaintance with a foreign language will be granted special positions, if they reach the standard in other requirements. In registering with the New Jersey Division of Child Hygiene, nurses should state whether they have a preference for any special part of the State as a field of labor.

EXTENSION OF MEDICAL MISSIONARY WORK

The Board of Foreign Missions of the Methodist Episcopal Church in America is planning for a large extension of its hospital and dispensary service. It will draw into this service fifty-nine more missionary physicians and surgeons, thirty-two missionary nurses, and 166 native doctors, nurses and other medical assistants.

In Mexico the Board has at Guanajuato the only hospital in a population of 1,100,000; the nearest other hospital is 200 miles away. A missionary doctor in Portuguese East Africa is the only medical man for an area containing three and a half million people. Sometimes six o'clock in the morning finds fifty patients eagerly awaiting attention outside the little hospital. Another doctor and hospital in Rhodesia are equally popular among the blacks.

In China the Board has eleven hospitals and two dispensaries, all overworked. When bandits scourge a district they always spare the mission hospitals because of their reputation for healing the sick. Care of wounded during the Chinese civil war raised the estimation of the foreign doctors in the eyes of the people still higher. It is proposed to improve the staff and facilities of existing institutions, establish two additional hospitals and eleven dispensaries and, in association with other missions, man and equip medical schools for the training of Christian Chinese.

AN IMPORTANT CONFERENCE

An International Conference on Rehabilitation of the Disabled, under the auspices of the Red Cross Institute for Crippled and Disabled Men and the Red Cross Institute for the Blind, was held in New York, March 18 to 22. The principal allied countries sent official delegates to the conference, including representatives of the French Ministry of War, the Belgian Ministry of War, the Italian Ministry

of Pensions, the British Ministry of Pensions, the British Ministry of Labor, the Canadian Department of Soldier's Civil Reëstablishment, and the Canadian Department of Militia and Defense. Among the American authorities represented were the office of the Surgeon General, U. S. Army, the Federal Board for Vocational Education, the Bureau of War Risk Insurance, and the American Red Cross.

A PROGRAM FOR MENTAL HYGIENE

The U. S. Public Health Service is planning a program for the practical control and prevention of mental disease which can be inaugurated by health administrators. Such a program would take into consideration:

(a) The most effective means by which the several Government agencies can coöperate in studies and investigations of mental hygiene.

(b) The problems of better care and treatment of the insane, mental defective and epileptic.

(c) Measures for the prevention of mental disorders.

The activities indicated as desirable and practicable for the carrying out of such a program are outlined in the Report of the U. S. Public Health Service for February 14, 1919.

THE WELFARE OF THE NEGRO

On February 17 and 18 there was held in Washington, D. C., an informal conference on "Problems of Negro Labor," under the chairmanship of Dr. George Haynes, Director of Negro Economics, Department of Labor. Some of the subjects discussed were:

Lines of Work Which Should be Undertaken for Improving Race Relations and Conditions of Negro Workers.

Special Problems of Women in Industry.

Housing and Neighborhood Conditions.

Health and Sanitation in Relation to Working Efficiency.

Recreation in Relation to Community Welfare and Working Efficiency of Negroes.

Unity of Action in Local Communities so as to Secure Efficiency and Coöperation of Welfare Agencies.

By What Methods can the Department of Labor and Other Governmental Agencies Best Coöperate with Private Agencies and Organizations?

Among the speakers was Miss Julia Lathrop, Chief of the Children's Bureau, who spoke very briefly of her impressions gathered in

France and England and of her voyage to America on a transport filled with colored troops.

A committee of fifteen was appointed by the chairman to meet and construct a workable program for the conference, which is to meet annually.

THE HEALTH OF OUR WOMEN

Dr. Ellen B. Smith, Chairman of the Adult Hygiene Division of the Public Health Department of the General Federation of Women's Clubs, has sent out two circular letters, the one to the chairmen of Public Health of the different states, the other to the presidents of the State Federations, calling their attention to the publications of the Life Extension Institute of New York and asking them to make use of these publications in a campaign for bettering the health of the women of the country. Dr. Smith says, in her appeal:

"The end of the war is upon us, and we must be prepared for the work of the reconstruction period. Naturally, much of this important work will fall upon the middle-aged, because millions of youths have fallen in the war. As patriotic women, fitted by years of experience and devotion to the highest ideals of public service, we claim a share in the activities of the coming years. How shall we perform this task? We have the brains and the experience; have we the strength? We shall be certain to fail to impress our ideals upon a rarely plastic world if we allow our strength to be sapped by the degenerative diseases to which so many of us fall a prey."

NOTES

The establishment of a Federal Board of Health to cope with the various health problems, amongst them that of venereal disease, met with favor at the meeting of health officers from all the provinces of Canada, which was held February 3, at Ottawa.

The Medical Officer in Charge, Camp Zachary Taylor Civil Sanitary District, wishes to call attention to the excellent nursing work done by the individual nurses in the Camp Zachary Taylor extra-cantonment zone and Louisville; and to the judgment and sustained effort of Mrs. Clara B. Mann, Chief Nurse of the Red Cross Unit.

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The first woman in America to receive the Distinguished Service Cross is Miss Beatrice Mary MacDonald, a Red Cross Nurse assigned to the Army Nurse Corps, who remained at her post throughout a German air raid until a fragment of shell struck her in the face, destroying her right eye.

Miss MacDonald was in an evacuation station immediately behind the lines on the night of August 17, 1917, when many of the wounded were killed.

The Distinguished Service Cross is the highest award for bravery which can be bestowed outside of the Congressional Medal, and Miss MacDonald is said to be the first woman so honored by the government. Secretary of War Baker made the award "For extraordinary heroism against an armed foe."

A CORRECTION

In the February issue of THE PUBLIC HEALTH NURSE we published a note to the effect that "the Pennsylvania School for Social Service is now giving the Post-Graduate Course in Public Health Nursing previously conducted under the Phipps Institute."

Our attention has been called to the fact that this note was, perhaps, a little misleading, and we are glad to give an exact statement of the matter. The Pennsylvania School for Social Service has given a major part of the lecture work and has directed some of the field practice work required for students in a course on Public Health work for Nurses given by the Henry Phipps Institute. When the Institute decided to discontinue training Public Health Nurses, the Pennsylvania School was requested by the Philadelphia Organization for Public Health Nursing, the Philadelphia League for Nursing Education and the Visiting Nurse Society of Philadelphia to organize a similar course, and has now done so, in accord with the outline which was given in our February issue.

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Tuition $25, Board and Room $45 to $51 for the six weeks.

For bulletin and particulars address
Director of Summer Session, Syracuse University, Syracuse, N. Y.

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Training for Public Health Nursing in the South

The Virginia School of Social Work and Public Health offers a four months course in public health nursing beginning February 1, 1919. In co-operation with the Instructive Visiting Nurses Association, the Health Department, the Public School Nurses, and certain factories, opportunities for specialization in school, infant welfare, industrial, tuberculosis and general visiting nursing will be available.

Preparation for Rural Nursing.

Estimated total expenses for the four months course, $175 to $200. Several liberal scholarships covering tuition and living expenses also available.

For further information write the Director, 1112 Capitol Street, Richmond, Va.

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An Eight Months Course and a Four Months Course in theory and practice of Public Health Nursing.

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RED CROSS PUBLIC HEALTH NURSING

Nurses qualified by training and experience in public health nursing who prefer to work in a small town or rural district, may find splendid opportunities for such service through appointment as Red Cross public health nurses.

Arrangements for a four or eight months' post graduate preparatory course will be made by the Red Cross for nurses who have not had the necessary training or experience. Scholarship and loan funds are available for this purpose.

For details concerning courses and appointments apply to Director,

BUREAU OF PUBLIC HEALTH NURSING,
AMERICAN RED CROSS,
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Course in Public Health Nursing

Western Reserve University, Cleveland, Ohio

A semester's work in practical public health nursing will be given for a period of eighteen weeks beginning April 28 and ending August 30, 1919.

The field work will cover tuberculosis, infant hygiene, communicable disease, school, factory and general visiting nursing.

Class discussions, special lectures and excursions will be given.

Students are encouraged to continue in the fall with the theoretical work thus completing the course, but those who cannot do so will have a practical working basis enabling them to do good public health work.

Tuition for the course is $62.50.
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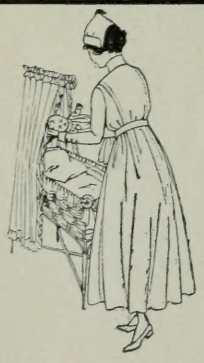

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